## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name Michael J. Kane	Work Address	210 Commerce Way, S.	603-430-4000
Primary Occupation Commercial Real Estate	e-mail mKane @ ne+Kane	- Com Work Phone	603-430-4000
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Workforce Innovation	Board - Member	
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	any income in excess of \$10,000	was derived during the preceding
1. Owner - 210 Commerce Way, LLC	C - landlard for terent Depa	itment of Education wor	K-free Innue tien
If you have no qualifying income indicate by writing your init	itials next to the following statement.	My income does not qualif	fy
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administrative rule, a cernment affecting the listed business, proforthere general public:	decision whether or not to award a c lession, occupation, group, or matter shire. List each such	ontract, grant a license or permit,
		anking or financial 6. S	itate of New Hampshire, county, or nicipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	oholic 11. Practice of law
Utilities Commissiono	13. Horse or dog racing, or other legal for of gambling	14. Education 1:	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends To		other area in which you have a 
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			
Date April 5, 2022	Signature of Filer		RECEIVED  APR 1 1 2022
Return to: Office of Secretary of	State, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE