

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

Type or Print Clearly

Full Name **CHRISTOPHER H STAWASZ** Work Address **380 WEST HOLLIS STREET NASHUA, NH 03060**

Primary Occupation **ADMINISTRATOR** e-mail **cstawasz@gmr.net** Work Phone **606.882.5330**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **EMERGENCY MEDICAL & TRAUMA SERVICES COORDINATING BOARD**
NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. **GLOBAL MEDICAL RESPONSE, INC. (SELF)**
2. **LARA'S THEME JEWELRY (SPOUSE)**

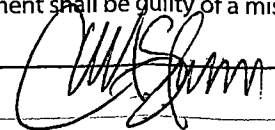
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: MEDICAL TRANSPORTATION/EMERGENCY MEDICAL SERVICES											
<input checked="" type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords		<input type="checkbox"/> 5. Banking or financial services		<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment					
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program		<input type="checkbox"/> 9. Restaurants/ lodging		<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages		<input type="checkbox"/> 11. Practice of law				
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission			<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling			<input type="checkbox"/> 14. Education		<input type="checkbox"/> 15. Water Resources			
<input type="checkbox"/> 16. Agriculture		17. N.H. taxes: <input checked="" type="checkbox"/> Business Profits Tax <input checked="" type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax		<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest ---							

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **NOVEMBER 25, 2002**

Signature of Filer 

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

