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

| Type or Prin | nt Clearly | | | | _ | | | |
|------------------------------|--|---|---|--|---|---------------------------------------|--|--|
| Full Name | WILLIAM JUSTIN SELTY | | | SET | Work Address | 100 | WebsTER | ST Manchester NH 3604 |
| Primary Occ | cupation | LAWYER | | e-mail WIS | CAW1@AOC | -com | Work Phone | 603669-1188 |
| | etc. or em | on, board or commission, ployment with state or u. NO ACRONYN | courte) | voruers' | Compusa | TON AP | peals Boar | و |
| proprietor, o | or employe | | professional | or advisory capacit | ty, and from which | any income in | excess of \$10,000 v | officer, director, associate, partner, was derived during the preceding as necessary.) |
| 1. | 5chy | but law of | fices 1 | for Weles | tu HA | anches | te NHOS | IOY |
| 2. | Monel | but law of | 100 | velester x | 10 Mene | heste. | WH 03 | 104 |
| | | g income indicate by writi | | | | | ome does not qualify | |
| discipline a financial ef | ficensee of fect on your field | | on by governi t would on th ness licensed | ment affecting the l ne general public: | isted business, professate of New Hamps | ession, occupati hire. List each s | ion, group, or matter | entract, grant a license or permit, would potentially have a greater |
| 2. He | ealth Care | 3. Insurance | | ate, including broke relopers, and landlo | | anking or finances | | ate of New Hampshire, county, or cipal employment |
| 7. N.I Syste | H. Retiren em | 8. Curren assessmen | | 9. Resta | urants/ | 10. Sale and beverages | d distribution of alcol | nolic 11. Practice of law |
| | ny business s Commiss | regulated by the Public ion | | . Horse or dog racin jambling | g, or other legal for | ms 14. E | ducation 15. | . Water Resources |
| 16. A | griculture | 17. N.H. taxes: | Business Profits Tax | Business Enterprise Tax | Interest and Dividends Ta | 11 1 | optional: Specify any optional: Special interest | other area in which you have a |
| | | nd hereby swear or affirm t fails to comply with the p | _ | _ | | | _ | ef. RSA 15-A:9 Penalty. Any |
| Date | 6/ | 22/22 | | Signatu | re of Filer | lefte | leubat | RECEIVED |
| | | Return to: Office of 5 | ecretary of Sta | ate, 107 North Main | Street, State House | Room 204, Con | cord, NH 03301 | JUN 2 3 2022 NEW HAMPSHIRE DEPARTMENT OF STATE |