

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

**Type or Print Clearly**

Full Name **Stephanie N. Verdile** Work Address **100 North Main Street Concord, NH 03301**

Primary Occupation **Principal Planner** e-mail **stephanie.n.verdile@livefree.nh.gov** Work Phone **603-271-1765**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NH Department of Transportation: Scenic By-Ways Council and Complete Streets Advisory Committee**  
 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.
2.

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

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 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: | <input type="text"/>   |
| <input type="checkbox"/> | 2. Health Care  | <input type="checkbox"/> 3. Insurance  |
| <input type="checkbox"/> | 7. N.H. Retirement System   | <input type="checkbox"/> 8. Current use land assessment program  |
| <input type="checkbox"/> | 12. Any business regulated by the Public Utilities Commission   | <input type="checkbox"/> 9. Restaurants/lodging  |
| <input type="checkbox"/> | 16. Agriculture   | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages                              |
| <input type="checkbox"/> | 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax       | <input type="checkbox"/> 11. Practice of law   |
| <input type="checkbox"/> |   | <input type="checkbox"/> 14. Education <input type="checkbox"/> 15. Water Resources                    |
| <input type="checkbox"/> |   | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- |
| <input type="checkbox"/> |   | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment                    |

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 **December 23, 2021**

Signature of Filer *Stephanie N. Verdile*