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

Type or Print Clearly		!	
Full Name JUSTIN KANTAR	Work Address	24 HORSESHOE POND LA	, CONCORD, NH 03301
Primary Occupation FIREFIGHTER PARAMEDIC	e-mail presidentalia-	ff1045.org Work Pho	ne 63-630-7202
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS  A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from which	NCORD PROFESSIONAL F hich you or a family member was th any income in excess of \$10,0	an officer, director, associate, partner, 00 was derived during the preceding
1.			
2.  If you have no qualifying income indicate by writing your in  B. Indicate below whether you or a family member has a sp	pecial interest in any of the following bus		groups, or matters. A person has a
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 or	ernment affecting the listed business, pro the general public:	ofession, occupation, group, or ma	
Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Ham	oshire. List each such	
I I Z. Mealth Care II B. Insurance II I			5. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement System  8. Current use land assessment program		10. Sale and distribution of a beverages	alcoholic 11. Practice of law
	<ol><li>Horse or dog racing, or other legal f of gambling</li></ol>	orms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest at Dividends		any other area in which you have a est
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	regoing information is true and complete of this chapter or knowingly files a false s	e to the best of my knowledge and tatement shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any
Date 4/2/2022	Signature of Filer	Austin Fauts	RECEIVED  APR 0 8 2022
Return to: Office of Secretary of	State, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE