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

Type or Print Clearly	
Full Name Esquadra Gaudette Work Address 316 Central St. Franklin NH	03235
Primary Occupation Finance Director e-mail equideten franklimh. Org Work Phone 603-934-3	000 V
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS	1900 J. Z
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, 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 pre calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	partner, eceding
2.	
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 discipline a licensee or permittee or other decision whether or not to award a constant of the profession of the profe	
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 permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	mit, ater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county for the financial services municipal employment	y, or
System assessment program 10. Sale and distribution of alcoholic 11. Practice beverages	of
or gambling 14. Education 15. Water Resources	
taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a	3
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 erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
RECEIVEDE OFFILER Saurous L. B. Laudette	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	