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

Type or Print Clearly			
Full Name Lynn E. Aaby	Work Address	One New Hampshire Ave. S	te 125 Portsmouth 03801
Primary Occupation attorney	e-mail lealaw@comcast.net	Work Phone	603-4660470
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Certified Family Mediator Board		
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 professions.	onal or advisory capacity, and from which a	any income in excess of \$10,000 w	as derived during the preceding
1. Law Office of Lynn E. Aaby			
2.		and the second s	
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a s reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would on 1. Any profession, occupation, or business licent profession, occupation, or category of business:	e in law, a change in administrative rule, a de ernment affecting the listed business, profes n the general public:	cision whether or not to award a cor ssion, occupation, group, or matter v ire. List each such	ntract, grant a license or permit,
		nking or financial 6. Sta	te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohole beverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal form of gambling	14. Education 15. V	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any or special interest —	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of Date December 28, 2021	of this chapter or knowingly files a false state	the best of my knowledge and belie ment shall be guilty of a misdemear	f. RSA 15-A:9 Penalty. Any nor.
	Signature of Filer	son valy	NEW HAMPSHIRE
Return to: Office of Secretary of	State, 107 North Main Street, State House Re	oom 204, Concord, NH 03301	DEPARTMENT OF STAT