## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly              |                                      |                            |                                   |                                |  |                                 | _                            |                                  |                     |                                  |            |   |
|------------------------------------|--------------------------------------|----------------------------|-----------------------------------|--------------------------------|--|---------------------------------|------------------------------|----------------------------------|---------------------|----------------------------------|------------|---|
| Full Nan                           | ne Aus                               | dra 1                      | Klumb                             |                                |  | Work                            | Address                      | 34 Cen                           | knnie               | d Brive                          | wel        | oste NH   |
| Primary                            | Occupation .                         | Enviro                     | rmontal C                         | ansultat                       | e-mail a                                   | ucha@                           | Klumb                        | , anv. com                       | Wo                  | rk Phone                         | 603        | 746-5065  |
|                                    | ne office, positions, etc. or em     |                            | with state                        | or county                      | NewHarre                                   |                                 |                              |                                  |                     |                                  |            |   |
| government held by you. NO ACRONYN |                                      |                            |                                   | MS                             | Mer: week                                  | - Con                           | ty Ca                        | rservada                         | 1 013               | strict                           |            |   |
| propriet                           | or, or employe                       | ee, or serv                | ed in any oth                     | er profession                  | n, business, or oth                        | her organizat<br>pacity, and f  | tion in which<br>rom which a | n you or a fami<br>any income in | ly memb<br>excess o | er was an offi<br>f \$10,000 was | derived    | ctor, associate, partner,<br>during the preceding<br>(.)            |
| 1.                                 | A+D                                  | Klum                       | b Envir                           | onneute                        | با ددد                                     |                                 | n 2 an an                    |                                  |                     |                                  |            | · ·   |
| 2.                                 |                                      |                            |                                   |                                |  |                                 |                              |                                  | 1                   |                                  | 900        |   |
| lf you ha                          | ve no qualifyin                      | ng income                  | indicate by wr                    | iting your ini                 | tials next to the fo                       | llowing state                   | ement.                       | My inco                          | ome does            | not qualify                      |            |   |
| reportat<br>disciplin              | ole special inter<br>e a licensee or | est in an it<br>permittee, | em on this list<br>or other decis | if a change i<br>sion by gover |  | administrativ<br>he listed busi | ve rule, a dec               | ision whether                    | not to              | award a contra                   | act, grant | rs. A person has a<br>a license or permit,<br>tially have a greater |
| ×                                  | 1. Any profe profession, oc          |                            |                                   |                                | cd or certified by the                     |                                 |                              |                                  |                     | tie Design                       | ~e~        | t<br>E  |
| 厂 2                                | . Health Care                        | 3. Ins                     | urance                            | (*) I                          | state, including br<br>developers, and lar |                                 | 5. Bar<br>service            | nking or financi<br>s            | al                  |                                  | of New I   | Hampshire, county, or yment   |
| 1 20                               | . N.H. Retirem<br>/stem              | nent                       |                                   | ent use land<br>ent program    | ┌ <sup>9. R</sup><br>lodgi                 | Restaurants/<br>ing             | Г                            | 10. Sale and<br>beverages        | distribut           | ion of alcoholi                  | ·          | 11. Practice of<br>law  |
|                                    | . Any business i<br>ities Commissi   |                            | by the Public                     |                                | 13. Horse or dog r<br>of gambling          | acing, or oth                   | er legal form                | s 14. Ed                         | ucation             | 15. W                            | ater Reso  | ources  |
| □ 1                                | 6. Agriculture                       |                            | 7. N.H.<br>axes:                  | Business<br>Profits Tax        | Business<br>Enterprise                     | Tax D                           | nterest and<br>Pividends Tax |                                  | specia              | pecify any oth<br>al interest    | er area in | which you have a  |
|                                    |                                      |                            |                                   |                                | egoing information<br>f this chapter or kn |                                 |                              |                                  |                     |                                  |            | 5-A:9 Penalty. Any  |
| Date                               | 1/20/20                              | 21                         |                                   |                                |  |                                 | Could                        | M                                |                     |                                  |            | RECEIVED  |
|                                    | 7001000                              |                            |                                   |                                | *-   |                                 | Signat                       | Signature of Reporting           |                     | Individual                       |            | JAN 21 2021   |
|                                    |                                      | Retu                       | n to: Office of                   | Secretary of                   | State, 107 North M                         | lain Street, St                 | tate House R                 | om 204, Conc                     | drd, NH 0           | 3301                             | DEF        | NEW HAMPSHIRE   |