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

Type or Print Clearly	
Full Name SUSAN GAY PRICE Work Address 169 SEVERANCE ROY	
Primary Occupation Hydrogologist-RETIRED e-mail Susang price authorising Work Phone	603 387 1331
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	E
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no calendar year.)	derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	80
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups 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 control discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wo 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	ract, grant a license or permit,
profession, occupation, or category of business:	
The second of th	e of New Hampshire, county, or oal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcohol beverages	lic 11. Practice of law
12 House and a major overhood forms	later Resources
16. Agriculture 17. N.H. Business Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any oth special interest —	her area in which you have a
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, person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeand	RSA 15-A:9 Penalty. Any
person who who may your to comply man the promotion of this endpeer or who may you	RECEIVED
Date 11/29/22 Signature of Filer	DEC 19 2022
	NEW MAMPSINGE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301