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

Type or Print Clearly			
Full Name David Glenn Allen	Work Address	20 Auburn Road, Londo	nderry NH 03053
Primary Occupation Storage Manager	e-mail londonderryselfstora	ge@gmail.com Work Ph	one 603-432-9600 ,
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	New Hampshire Motor Vehicle		
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	ch any income in excess of \$10	000 was derived during the preceding
Londonderry Self Storage, 20 Auburn	Road, Londonderry, NH 03053		and the same to the same
2. If you have no qualifying income indicate by writing your in	uitlals next to the following statement.	My income does not	qualify
B. Indicate below whether you or a family member has a streportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on	e in law, a change in administrative rule, a ernment affecting the listed business, pr nothe general public:	a decision whether or not to awa ofession, occupation, group, or n	d a contract, grant a license or permit,
Any profession, occupation, or business ilcentage profession, occupation, or category of business:	sed or certified by the State of New Ham	pshire. List each such	3
		. Banking or financial vices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program		10. Sale and distribution of beverages	falcoholic 11. Practice of law
12. Any business regulated by the Public , Utilities Commission	13. Horse or dog racing, or other legal of gambling	I i. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta			y any other area in which you have a erest —
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true and complet of this chapter or knowingly files a false :	te to the best of my knowledge an statement shall be guilty of a mis	nd bellef. RSA 15-A:9 Penalty. Any demeanor.
Date 1-20-2022	Signature of Filer	Naviel I la	We Friedrin
3			1441 2 8 2022

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

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