| 2022 NEW HAMI | SHIRE STATEMENT OF FINANC | ALINTERESTS - RSA 15-A | |
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| Type or Print Clearly | | ארכן אכחי ביו שייייייייייייייייייייייייייייייייי | |
| Full Name Jason R Sank | Work Ac | dress Comarnit Parting | 2 113 (10364 R) Dover 0382 |
| Primary Occupation Family Managed an | playor e-mail 16501 6 | SONE OSMailion WorkP | |
| Name the office, position, board or commission, boar directors, etc. or employment with state or cougovernment held by you. NO ACRONYMS | d of | | |
| A. List below the name, address, and type of any proprietor, or employee, or served in any other profocalendar year. Sources of retirement benefits other than | essibilial of advisory capacity, and tro | n which any income in exerce of \$1 | O DOO seems almost and all and a laboration of the control of the |
| 1. | | | |
| | | | |
| you have no qualifying income indicate by writing yo | ur initials next to the following statem | ent. My income does not | t qualify |
| Indicate below whether you or a family member hat reportable special interest in an item on this list if a chall discipline a licensee or permittee, or other decision by inancial effect on you or a family member than it wou | ange in law, a change in administrative government affecting the listed busin | rule, a decision whether or not to ass | and a contract grant a license or permit |
| Any profession, occupation, or business I profession, occupation, or category of busine | | Hampshire. List each such | |
| | eal Estate, including brokers, ent, developers, and landlords | 5. Banking or financial services | 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use la assessment prog | nd 9. Restaurants/ | 10. Sale and distribution beverages | |
| 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or other of gambling | egal forms 14. Education | 15. Water Resources |
| 16. Agriculture 17. N.H. Busine Profits | ess Business Inte | rest and 18. Optional: Special in | cify any other area in which you have a neerest - 4 1 129 7 1891 Free day Que |
| ve read RSA 15-A and hereby swear or affirm that the | foregoing information is true and co | nplete to the best of my knowledge | and belief. RSA 15-A:9 Penalty. Any |
| on who knowingly fails to comply with the provision | is or this chapter of Knowlingly files a | raise statement shall be guilty of a m | RECEIVED |
| 922 | Signature of Filer | Jano | SEP 2 0 2022 |
| Return to: Office of Secretary | of State, 107 North Main Street, Stat | e House Room 204, Concord, NH 033 | NEW HAMPSHIRE DEPARTMENT OF STATE |