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

Type or Print Clearly		. 1 5	·
Full Name Kathran Coale	Work Address		flu Heamstach 11
Primary Occupation Attorned	e-mail Polizzotto@gm	Work Phone	617-413-0325
Name the office, position, board or commission, board directors, etc. or employment with state or coun government held by you. NO ACRONYMS	of Rockinghin County	Commissioner	
A. List below the name, address, and type of any profesoroprietor, or employee, or served in any other profesoralendar year. Sources of retirement benefits other than form	ssional or advisory capacity, and from which federal retirement and/or disability benefits shall	any income in excess of \$10,000 v I be included. (Use additional sheets a	vas derived during the preceding as necessary.)
1. Coyle how PLLC	660 milly street LLC 660 mills street	Darlamortz NH	ALL
2. Bringing Perry Together, 1	LLC 660 millle street	Parlament NIL	Invest.
If you have no qualifying income indicate by writing you	r initials next to the following statement.	My income does not qualify	
reportable special interest in an item on this list if a char discipline a licensee or permittee, or other decision by g financial effect on you or a family member than it would 1. Any profession, occupation, or business lice profession, occupation, or category of business	government affecting the listed business, profe don the general public: censed or certified by the State of New Hamps	ession, occupation, group, or matter	ntract, grant a license or permit, would potentially have a greater
z. nearth Cale . B. Insurance . age	nt, developers, and landlords service		ite of New Hampshire, county, or ipal employment
System 8. Current use land assessment programmers.		10. Sale and distribution of alcoh beverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling	ms 14. Education 15.	Water Resources
16. Agriculture 17. N.H. Busine taxes: Profits			ther area in which you have a
have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision	foregoing information is true and complete to s of this chapter or knowingly files a false stat	o the best of my knowledge and belie ement shall be guilty of a misdemear	ef. RSA 15-A:9 Penalty. Any nor.
Date 1/5/2022	Signature of Filer	Cy	JAN 0 6 2022
Return to: Office of Secretary	of State, 107 North Main Street, State House I	<i>t</i> Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE