

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

Type or Print Clearly

Full Name Amanda Bastoni Work Address 23 Blueberry lane  
 Primary Occupation Research Scientist Education e-mail abastoni@cast.org Work Phone \_\_\_\_\_

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Department of Corrections Advisory Board  
 NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets)


1. \_\_\_\_\_
2. \_\_\_\_\_

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qua

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, or 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter has a financial effect on you or a family member than it would on the general public:

<input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>CTE Director, CTE Educator (woodworking and photography/video)</u>				
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. mu
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input type="checkbox"/> 14. Education	<input type="checkbox"/>
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any special interest		

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 that no person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 01/12/2021   
Signature of Reporting Individual

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

