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

1 ype	or Print Clearly					
Full I	Name Sarah Yuhas Kirn		Work Address	29 Hazen Dr., Concord, N	IH 03301	
Prima	ary Occupation Environmental Program	ns Administrator e-mail Sa	ırah.YuhasKirn@des.nh.go	Wo	rk Phone	603-848-8641
direct	e the office, position, board or commissi tors, etc. or employment with state rnment held by you. NO ACROI	or county	rironmental Services Was	te Management Division, I	Assistant Direc	tor
propr	st below the name, address, and type or letor, or employee, or served in any or dar year. Sources of retirement benefits or	ther professional or advisory	capacity, and from which	any income in excess o	f \$10.000 was	derived during the preceding
1.	Husband is a letter carrier employed	by US Postal Service.				
2.						
lf you	have no qualifying income indicate by w	vriting your initials next to the	following statement.	My income does	not qualify	
report discipi	icate below whether you or a family me able special interest in an item on this li- ine a licensee or permittee, or other dec ial effect on you or a family member tha	st if a change in law, a change is ision by government affecting	in administrative rule, a de the listed business, profe	ecision whether or not to a	ward a contra	ect, grant a license or permit.
×	Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: I am a NH-licensed Professional Geologist.					
	2. Health Care	 4. Real Estate, including agent, developers, and in 		anking or financial ces		of New Hampshire, county, or al employment
		13	Restaurants/ Iging	Sale and distributionbeverages	on of alcohol	c 11. Practice of law
	2. Any business regulated by the Public lilities Commission	— 13. Horse or dog of gambling	g racing, or other legal for	ms 14. Education	☐ 15.W	ater Resources
_	16. Agriculture 17. N.H. taxes:	 Business Profits Tax Business Enterprise 		18. Optional: Sy specia	ecify any oth I interest —	er area in which you have a
have reerson	ead RSA 15-A and hereby swear or affirn who knowingly fails to comply with the	n that the foregoing informati provisions of this chapter or i	on is true and complete to knowingly files a false state	o the best of my knowledgement shall be guilty of a	ge and belief. misdemeano	RSA 15-A:9 Penalty. Any r.
Date	1/14/2021		Signa	iture of Reporting Individu	ual	

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