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

Type or P	rint Clearly	0				181 			
Full Name	e Sally A	A. Gallerani		· - · · · · · · · · · · · · · · · · · ·	Work Address	27 Ha	azen Drive, Conc	ord, NH	
Primary C	Occupation	Director, Technical	Support Svc	e-mail Sa	lly.a.gallerani@doit.r	nh.gov	Woi	k Phone	603-223-5740
directors,		tion, board or commiss mployment with stat you. NO ACRO	or county	Department of	Information Technolo	ogy - Techr	nical Support Ser	vices	,
proprieto	r, or emplo		other professio	nal or advisory c	apacity, and from wh	ich any ind	come in excess of	\$10,000 w	officer, director, associate, partner was derived during the preceding is necessary.)
1.	Employee	- State of NH							
2.	Director,	BAE Systems		T 1 25		n		2 2 2	
If you hav	e no qualify	ing income indicate by	writing your in	itials next to the f	ollowing statement.		My income does	not qualify	
reportable discipline financial e	e special int a licensee c effect on you 1. Any pro	erest in an item on this	list if a change ecision by gove an it would on ousiness licens	in law, a change in Inment affecting the general publ	n administrative rule, a the listed business, pr ic:	decision woofession, or	whether or not to a ccupation, group,	ward a con	os, or matters. A person has a stract, grant a license or permit, could potentially have a greater
2.1	Health Care	3. Insurance	11 🗸	Estate, including l developers, and l	2 1	. Banking o	or financial		ate of New Hampshire, county, or cipal employment
IV.	N.H. Retire stem	Michael Calabra (Calabra Calabra)	rrent use land ment program	p. 9.	Restaurants/	i i	Sale and distributi erages	on of alcoh	olic 11. Practice of law
	Any busines ies Commi	s regulated by the Publ ssion		13. Horse or dog of gambling	racing, or other legal	forms _	14. Education	<u> </u>	Water Resources
1 6	. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise		1000 CONTRACTOR (100 CONTRACTO	18. Optional: Specia	ecify any o	other area in which you have a
		and hereby swear or aff ly fails to comply with t			knowingly files a false	statement :	shall be guilty of a	misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date	01/13/2	1		13 2021	Sally A.	<i>Galler</i> gnature of	r <i>anc</i> Reporting Individ	ıal	
		Return to: Office	NEW I	IAMPSHIRE IEWE 957 SIAK	Main Street, State Hou	ise Room 2	04, Concord, NH 0	3301	