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

Type or Print Clearly			
Full Name Matthew Sampson	Work Address	PO Box 155 - Wellsboro, PA	A 16901
Primary Occupation Forester	e-mail matt@forestlandgrou	up.com Work Phone	570-723-8742
Name the office, position, board or commission, board or directors, etc. or employment with state or count government held by you. NO ACRONYMS		Citizen's Committee	
. List below the name, address, and type of any profe roprietor, or employee, or served in any other profess alendar year. Sources of retirement benefits other than fe	sional or advisory capacity, and from whi	ch any income in excess of \$10,000 v	was derived during the preceding
The Forestland Group, LLC - PO Box	9162 - Chapel Hill, NC 27515 - T	imber Investment Managemer	nt Organization
you have no qualifying income indicate by writing you	initials next to the following statement.	My income does not qualify	Mus
Indicate below whether you or a family member has a eportable-special interest in an item on this list if a changiscipline a licensee or permittee, or other decision by go nancial effect on you or a family member than it would to have a family member than it would profession, occupation, or business lice profession, occupation, or category of business:	ge in law, a change in administrative rule, a evernment affecting the listed business, pro on the general public: nsed or certified by the State of New Hamp	decision whether or not to award a co fession, occupation, group, or matter v	ntract, grant a license or permit,
I / Magital gra ! IX inclicance	Table 1		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use lar system assessment progra		10. Sale and distribution of alcol beverages	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal f of gambling	orms 14. Education 15	. Water Resources
16. Agriculture 17. N.H. Busine taxes: Profits			other area in which you have a
nave read RSA 15-A and hereby swear or affirm that the erson who knowingly fails to comply with the provision			
Date 1-18-2021	Sig	nature of Reporting Individual	JAN 2 1 202 1