2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

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ull Nam	e Amanda Bastoni		essa v manna dunir mendirinder detroit dun 1 man	Work Address	200 Harvard Mill S	quare, Wakefield,	MA		
rimary (Occupation Education	al Research and Design	e-mail abast	oni@cast.org		Work Phone	603-547-74	38	
lirectors,		or commission, board of with state or county NO ACRONYMS	Corrections Citizen	s Advisory Board of tl	ne Department of Co	ommunity Correcti	ons		
oprieto	or, or employee, or sen	s, and type of any profession yed in any other profession ment benefits other than feder	nal or advisory cap	acity, and from which	ch any income in ex	cess of \$10,000 v	vas derived du	r, associate, partner, uring the preceding	
	Nashua School District,	shua School District, CTE Director, 141 Ledge Street, Nashua, NH - 03060							
•	ConVal Regional High S	school, CTE Teacher, 184 Ha	ncock Road, Peterb	orough, NH - 03458					
you hav	ve no qualifying income	indicate by writing your ini	tials next to the fol	lowing statement.	My incon	ne does not qualify	,		
scipline nancial	e a licensee or permittee effect on you or a famil 1. Any profession, occ	item on this list if a change it e, or other decision by gover y member than it would on cupation, or business license or category of business:	rnment affecting th the general public ed or certified by th	ne listed business, pro :	sfession, occupation, oshire. List each such	group, or matter v	vould potentia	ally have a greater	
	Health Care 5. In		Estate, including br developers, and lar	14 * :	Banking or financial vices		ate of New Ha cipal employm	mpshire, county, or nent	
()	N.H. Retirement stem	8. Current use land assessment program	9. R lodgi	estaurants/ ing	10. Sale and of beverages	listribution of alco	holic	11. Practice of law	
	Any business regulated ties Commission		13. Horse or dog r of gambling	acing, or other legal i	14. Edu	finan :	. Water Resour		
<u> </u>	5. Agriculture	17. N.H. Business Profits Tax	Business Enterprise	Tax Dividends	11 1	ional: Specify any special interest	other area in w 	/hich you have a	
have rea	ad RSA 15-A and hereby tho knowingly fails to co	v swear or affirm that the for omply with the provisions	regoing information of this chapter or kr	n is true and complet nowingly files a false s	e to the best of my k statement shall be gu	uilty of a misdeme	anor. 1		
Date	1/6/20	· · · · · · · · · · · · · · · · · · ·		Sie	gnature of Reporting		nanda		
	•				1			JAN 1 6	

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

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