2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		
Full Name USA HMSON-HATZ	Work Address 21 S. Fruit 84 #20, Concord, Ntl 03:	33L
100 Dicasta	K. hatz@dol.nh.goV WorkPhone 403-419-0086	-
Name the office, position, board or commission, board of directors, etc. or employment with state or county	Workforce Innovation Board	
government held by you. NO ACRONYMS		
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	or organization in which you or a family member was an officer, director, associate, partner, acity, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.)	
1.		
2.		
If you have no qualifying income indicate by writing your initials next to the following	owing statement. My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in adr		
profession, occupation, or category of business:		
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	llords services municipal employment	
7. N.H. Retirement 8. Current use and 9. Resta system assessment program lodging	staurants/ 10. Sale and distribution of alcoholic 11. Practice of law	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	cing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is a person who knowingly fails to comply with the provisions of this chapter or knowledge.	is true and complete to the best of my knowledge and belief. RSA 15 A:9 Penalty Any owingly files a false statement shall be guilty of a misdemeanor.)
Date 11877 Signatur	ture of Filer DEFAULT OF STATE DEFAULT OF STAT	ita

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NEW HAMPSHIRE DEPARTMENT OF STATE