

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

Type or Print Clearly

Full Name **Thomas Connolly**

Work Address

**25 Capitol St., 3rd floor, Concord, NH 03301**

Primary Occupation **Asst. Secretary of State**

e-mail

**thomas.connolly@SOS.NH.GOV**

Work Phone

**603-271-3246**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  
NO ACRONYMS

**Assistant Secretary of State, Corporation Division, NH Dept. of State**

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. **State Employment**

2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

|                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/>            | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |  |
| <input type="checkbox"/>            | 2. Health Care  | <input type="checkbox"/> 3. Insurance  |
| <input type="checkbox"/>            | 4. Real Estate, including brokers, agent, developers, and landlords   | <input type="checkbox"/> 5. Banking or financial services  |
| <input checked="" type="checkbox"/> | 7. N.H. Retirement System   | <input type="checkbox"/> 9. Restaurants/ lodging   |
| <input type="checkbox"/>            | 8. Current use land assessment program  | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages                            |
| <input type="checkbox"/>            | 12. Any business regulated by the Public Utilities Commission   | <input type="checkbox"/> 11. Practice of law   |
| <input type="checkbox"/>            | 13. Horse or dog racing, or other legal forms of gambling   | <input type="checkbox"/> 14. Education   |
| <input type="checkbox"/>            | 14. Agriculture   | <input type="checkbox"/> 15. Water Resources   |
| <input type="checkbox"/>            | 17. N.H. Business Profits Tax   | <input type="checkbox"/> 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 true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **1/12/2022**

Signature of Filer

*Thomas Connolly*

