

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

Type or Print Clearly

Full Name Charles J. Saia Work Address 54 Regional Drive, Suite 5, Concord, NH 03301

Primary Occupation Executive Director e-mail charles.j.saia@gcd.nh.gov Work Phone 603-271-2773

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**
Governor's Commission on Disability (Executive Director) & related internal & statutory committees
State Coordinating Council for Transportation (member), Commission on Deafness & Hearing Loss (member)

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 of New Hampshire, 25 Capitol Street, Concord, NH 03301
2. Dartmouth Hitchcock Medical Center, 100 Hitchcock Way, Manchester, NH 03104/Apple, One Apple Way, Cupertino, CA 95014

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

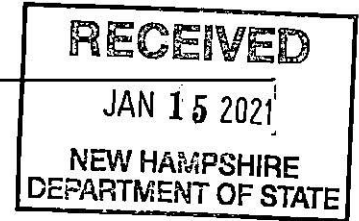
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to 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 checked="" 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: <u>NH Bar Association, NH Board of Nursing, NH Board of Barbering, Cosmetology & Esthetics</u>					
<input checked="" 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"/> 6. State of New Hampshire, county, or municipal employment	
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input checked="" type="checkbox"/> 11. Practice of law	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources	
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends 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 January 14, 2021

Signature of Filer 



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Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**
State Rehabilitation Council (Chair), Medical Care Advisory Committee (alternate member)
New Hampshire Foster & Adoptive Parent Association (director)

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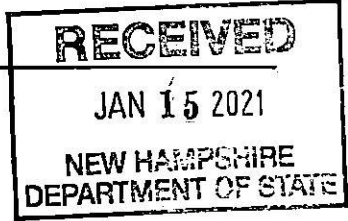
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Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
Committee to Analyze the State's System of Support for Individuals with Developmental Disabilities (Chair)
Commission on Post Traumatic Stress Disorder & Traumatic Brain Injury (Member)

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.)

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