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

Type or Print Clearly					
Full Name Tammy St. Gelais		Work Addres	s NHMBB, 25 Triang	le Park Drive Conce	ord, NH 03301
Primary Occupation Issue pooled bonds for municipalitie	e-mail	tstgelais@nhmbb.com		Work Phone	603-271-2595
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than fed	onal or advise	ory capacity, and from w	hich any income in e	cess of \$10,000 w	as derived during the preceding
1. New Hampshire Municipal Bond Bank, 25 Triangle	e Park Drive C	oncord, NH 03301			
2.					
If you have no qualifying income indicate by writing your i	nitials next to	the following statement.	My incon	ne does not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would or	e in law, a chai ernment affec	nge in administrative rule, tting the listed business, p	a decision whether or	not to award a cor	tract, grant a license or permit,
1. Any profession, occupation, or business licen profession, occupation, or category of business:	sed <u>or certifie</u>	d by the State of New Han	npshire. List each such	L	
	l Estate, inclue , developers,	-	5. Banking or financial ervices		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land assessment program		9. Restaurants/ lodging	10. Sale and d beverages	listribution of alcoh	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse o of gambling	r dog racing, or other lega	l forms 🖵 14. Edu	cation 15	Water Resources
16. Agriculture 17. N.H. J Business taxes: Profits Ta		iness Interest erprise Tax Dividen		ional: Specify any o special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions					

Date 07/16/2021

Signature of Filer

Tammy ST. Gelaus

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