

Statement of Financial Interests PEASE DEVELOPMENT AUTHORITY (RSA 12-G:5)

	VANTUR CALLACT COMMA	
Name a	nd address of reporting individual: Karen Sauyer Conard 50 Cafe St. Unit 15, Portsmouth NH 03801	
	Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.	
a.	The Savings Bank, 357 Main St. Wakefield MA (Board Member	
b.		
c.		
2.	State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).	
d.	NA	
f.		
	State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).	
g.	NIA	
h.		RECEIVED
i.		JUN 07 2023
	re of Reporting Individual: Date: 6/7/2023	NEW HAMPSHIRE DEPARTMENT OF STATE
This rep	ort is for calendar year 2022	

2022

RETURN BY JULY 1 - To Secretary of State's Office, 107 North Main Street, State House Room 204, Concord, NH 03301