

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

Type or Print Clearly

Full Name | James Connolly Suozzi | Work Address | 580 Court Street, Keene NH 03431

Primary Occupation | Physician | e-mail | jsuozzi@cheshire-med.com | Work Phone | 603-354-6813

Name the office, position, board or commission, board of directors, etc or employment with state or county government held by you | EMS Medical Control Board Member

NO ACRONYMS | Medical Director, NH e911

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. _____

2. _____

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

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

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 type="checkbox"/> 6 State of New Hampshire, county, or municipal employment
<input 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 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	<input type="checkbox"/> 17 NH 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 | 01/11/2021

Signature of Reporting Individual

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

