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

| Type or P | rint Clearl | у | | | | | C 170 | |
|--|--------------------------|---|--|--|--|---|-----------------------------------|--|
| Full Name | Tony | a Angwin | Work Address | | 255 Seavey Rd., Belmor | | nt, NH 03220 | |
| Primary C | Occupation | Teacher | e-mail tangwir | n@sau80.org | | Work Phone | 6032676525 | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | SchoolCare Board Member | | | | | |
| oroprieto | r, or emplo | ime, address, and type of any profess byee, or served in any other profession ces of retirement benefits other than fed | onal or advisory capacit | y, and from which | th any income in ex | cess of \$10,000 v | vas derived during the precedin | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| lf you hav | e no qualif | ying income indicate by writing your i | nitials next to the followi | ng statement. | My incom | ne does not qualify | ta | |
| financial | 1. Any p | or permittee, or other decision by go ou or a family member than it would corofession, occupation, or business licent, occupation, or category of business: | on the general public: | tate of New Ham | • |) | ate of New Hampshire, county, or | |
| ~ | Health Care | agent | t, developers, and landlor | | vices | | cipal employment | |
| W1007 | N.H. Retire | ement 8. Current use land assessment program | | urants/ | beverages | istribution of alcol | nolic 11. Practice of law | |
| | Any busine | ss regulated by the Public ission | 13. Horse or dog racin of gambling | g, or other legal f | orms 14. Educ | ation 15 | Water Resources | |
| 16 | 5. Agricultu | re 17. N.H. Business taxes: Profits Ta | AND THE STATE OF T | Interest ar Dividends | | onal: Specify any o special interest | other area in which you have a | |
| l have rea person w | ad RSA 15-A ho knowin | and hereby swear or affirm that the fogly fails to comply with the provisions | oregoing information is t of this chapter or knowi | rue and complete ngly files a false s | e to the best of my kr tatement shall be gu | nowledge and beli ilty of a misdemea | ef. RSA 15-A:9 Penalty. Any mor. | |
| Date | January | 3, 2022 | Signatur | e of Filer | Jong a 1. | anni | JAN 0 4 2022 | |
| | | Return to: Office of Secretary | of State, 107 North Main | Street, State Hous | se Room 204, Concor | √ d, NH 03301 | NEW HAMPSHIRE DEPARTMENT OF ST | |