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

Type or Print Clearly					
Full Name ERIC 6. STO HL		Work Address	P.O. BOX	75 Coléi	BROOK, NH 03576 603-237-4206
Primary Occupation RETIRED	e-mail			Work Phone	603-237-4206
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	FISH + GAME	Commissio	NER		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	onal or advisory capacity,	, and from which	any income in exc	cess of \$10,000 wa	as derived during the preceding
1. NONE					
2.				-	
If you have no qualifying income indicate by writing your in	nitials next to the followin	g statement.	My incom	e does not qualify	EAS
B. Indicate below whether you or a family member has a s reportable 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 on the second of the second o	e in law, a change in admi vernment affecting the list n the general public:	inistrative rule, a d ted business, profe	ecision whether or ession, occupation,	not to award a cor group, or matter w	tract, grant a license or permit,
i i / Health Care a la institation il l	Estate, including brokers developers, and landlord		anking or financial es		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program		rants/	10. Sale and di beverages	stribution of alcoho	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	, or other legal for	ms 14. Educ	ation 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	k l	Interest and Dividends Ta	M. 1	onal: Specify any of special interest—	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	oregoing information is tro of this chapter or knowin	ue and complete t gly files a false sta	o the best of my kn tement shall be gui	owledge and belie Ity of a misdemear	ef. RSA 15-A:9 Penalty. Any nor.
Date July 6, 2022	Signature	of Filer	Erie_	Stok	JUL 0 8 2022
Return to: Office of Secretary o	f State, 107 North Main St	treet, State House	Room 204, Concord	d, NH 03301	NEW HAMPSHIRE