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

Гуре or Pri	nt Clearly					
Full Name	Theresa M. Walker	-	Work Address	107 Pleasant Street, Johns	son Hall, Conco	rd, NH 03301
Primary Oc	cupation Board Member	e-mail	clerk@btla.nh.gov	Wor	k Phone 6	03-271-2578
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Board of Tax	and Land Appeals			
roprietor.	ow the name, address, and type of any profession or employee, or served in any other profession or . Sources of retirement benefits other than federal professions.	onal or advise	ory capacity, and from which	ch any income in excess of	\$10,000 was c	derived during the preceding
. N	/A					
2. <u> </u>						
f you have	no qualifying income indicate by writing your in	nitials next to	the following statement.	My income does	not qualify	tmw tuw
eportable discipline a inancial ef	below whether you or a family member has a special interest in an item on this list if a change a licensee or permittee, or other decision by government or a family member than it would or a family member than it would or the companion, or business licentrofession, occupation, or business:	e in law, a cha ernment affe n the general	nge in administrative rule, a cting the listed business, pro public:	decision whether or not to a street of the s	award a contrac	t, grant a license or permit,
<u> </u>		1 Estate, inclu	- 11	. Banking or financial	11	of New Hampshire, county, or I employment
	I.H. Retirement 8. Current use land assessment program	1	9. Restaurants/ lodging	 10. Sale and distribut beverages 	ion of alcoholic	11. Practice of law
 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources 						
16.	16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest					
l have read	d RSA 15-A and hereby swear or affirm that the foo	oregoing info	ormation is true and complet	e to the best of my knowled	ge and belief.	RSA 15-A:9 Penalty. Any
person wr	o knowingly fails to comply with the provisions	or this chapt				RECEIVE
Date .	January 11, 2021		Signature of Filer	Theresa M.	Walke	JAN 1 5 2021
•						NEW HAMPSHIR

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

NEW HAMPSHIRE
DEPARTMENT OF STAT