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

Type or P	Print Clearly									
Full Name	e KATELYN	KOMISAREK		w	ork Address	101 PLEASANT S	ST, CONCORD), NH 033	301	
Primary C	Decupation	ROGRAM SPECIALIST	1	e-mail KATELYN.N.K	OMISAREK@D	OE.NH.GOV	 Work Pl	hon e	603-271-64	43
	•	on, board or commis		NH DEPARTMENT OF EDUC	ATION, DIVISI	ON OF EDUCATOR	R SUPPORT AI	ND HIGH	IER EDUCATIC	N
directors, etc. or employment with state or county government held by you. NO ACRONYMS OF			OFFICE OF CAREER SCHOOL LICENSING							
proprieto	r, or employe	e, or served in any (other professio	on, business, or other organ mal or advisory capacity, an eral retirement and/or disability	nd from whic	h any income in (excess of \$1	0,0 <mark>00 w</mark> a	as derived du	
1.					<u>-· ,</u>					
2.	· · · ·			,	··					
If you hav	e no qualifyin	g income indicate by	writing your in	itials next to the following s	tatement.	My inco	ome does not	qualify	кк	KK
financial e	effect on you o	or a family member th	an it would on business licens	ernment affecting the listed in the general public:			-	hatter wo	ould potential	ly have a greater
[[,] 2.1	Health Care			Estate, including brokers, developers, and landlords				te of New Hampshire, county, or pal employment		
	N.H. Retirem stem		irrent use land ment program	9. Restauran lodging		10. Sale and beverages	distribution o	ofalcoho	olic [11. Practice of law
	Any business r ies Commissi	egulated by the Publon		13. Horse or dog racing, or of gambling	other legal fo	rms 🕞 14. Edu	ucation	- 15. V	Water Resourc	es
[] 16.	. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax	Interest an Dividends T		tional: Special int	fy any ot erest —	her areà in wł	nich you have a
l have rea person wl	d RSA 15-A an hoʻknowingly	d hereby swear or aff fails to comply with t	firm that the for he provisions	regoing information is true a of this chapter or knowingly	and complete files a false sta	to the best of my latement shall be g	knowledge a juilty of a mis	nd belief demead	r. RSA 15-A	9 Penalty. Any
Date	1/11/2021	• <u>•</u> ••••••••		Signature of	Filer	the h	ud		JAN 1	
		Return to: Office	of Secretary of	State, 107 North Main Stree	et, State House	r Room 204, Conce	ord, NH 0330		NEW HA	MPSHIRE TOF STATE