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

Type o	r Print Clearly			1			
Full Na	me Michael J. Alberts	Work Address	30 north main s	street, Lisbon	NH		
Priman	Occupation Director	e-mail mike.alberts@newengla	andwire.com	Work Phone	60383870	037	
directors, etc. or employment with state or county		Economic Development					
		Workforce Development					
proprie	below the name, address, and type of any profess tor, or employee, or served in any other profess or year. Sources of retirement benefits other than fe	ional or advisory capacity, and from which a	ny income in exces	ss of \$10,000 wa	s derived duri	associate, partner, ing the preceding	
1.				7		RECEIVED	
2.				-		JAN 2 1 2022	
If you h	ave no qualifying income indicate by writing your	initials next to the following statement.	My income c	 loes not qualify	MJA	NEW HAMPSHIRE DEPARTMENT OF STATE	171
reporta discipl	cate below whether you or a family member has a able special interest in an item on this list if a changine a licensee or permittee, or other decision by go al effect on you or a family member than it would 1. Any profession, occupation, or business lice profession, occupation, or category of business:	ge in law, a change in administrative rule, a decovernment affecting the listed business, profess on the general public: nsed or certified by the State of New Hampshir	ision whether or no sion, occupation, gr	t to award a con	tract, grant a lie	cense or permit.	
7 2		al Estate, including brokers, 5. Bank t, developers, and landlords services	king or financial		e of New Hamp pal employmer	oshire, county, or	
	7. N.H. Retirement 8. Current use land assessment program	d 9. Restaurants/	10. Sale and distri beverages		lic 🔲	11. Practice of law	
	Any business regulated by the Public lities Commission	13. Horse or dog racing, or other legal forms of gambling	14. Education	5n 15.V	Vater Resource	s	
	6. Agriculture 17. N.H. taxes: Profits T		18. Optiona sp	l: Specify any ot ecial interest —	her area in whi	ch you have a	
l have re person	ead RSA 15-A and hereby swear or affirm that the f who knowingly fails to comply with the provisions	oregoing information is true and complete to to of this chapter or knowingly files a false staten	he best of my know nent shall be guilty	ledge and belief of a misdemean	. RSA 15-A:9	Penalty. Any	
Date ,	1/19/2022	Signature of Filer M	1. J. U	on			
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301