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

Type or Print Clearly				
Full Name Thomas Klamm Jr	Work Address	4 Mall RJ	Schem	NH 03079
Primary Occupation Ges station and e-mail	Tonjr & Kicming	wp.com	Work Phone	603-912-5830
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	ind Disbursen	na Barri		
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retirement of the second seco	y capacity, and from whic	h any income in exce	ess of \$10,000 wa	s derived during the preceding
1.		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
2.	-			<u> </u>
If you have no qualifying income indicate by writing your initials next to the	he following statement.	My income	does not qualify	
reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affect financial effect on you or a family member than it would on the general point of the profession, occupation, or business licensed or certified profession, occupation, or category of business:	ing the listed business, prof public: by the State of New Hamp:	ession, occupation, gr	oup, or matter wo	ract, grant a license or permit, buld potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, includi agent, developers, ar	ng brokers, _ 5.	Banking or financial rices	6. Stat	e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land	9. Restaurants/	10. Sale and dist beverages	ribution of alcoho	olic 11. Practice of law
12. Any business regulated by the Public 13. Horse or Utilities Commission	dog racing, or other legal fo	orms 🖵 14. Educat	tion 🔽 15. \	Water Resources
16. Agriculture 17. N.H. Business Business taxes: Profits Tax Enterginal	prise Tax Dividends		nal: Specify any of special interest	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing inform person who knowingly fails to comply with the provisions of this chapter	nation is true and complete or knowingly files a false st	to the best of my kno atement shall be guilt	wledge and belie by of a misdemear	f. RSA 15-A:9 Penalty. Any
	On	Qu 1		RECEIVED
Date 1/4/21	Sig	nature of Reporting In	dividual	JAN 1 9 2021

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

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NEW HAMPSHIRE DEPARTMENT OF STATE