

## Statement of Financial Interests PEASE DEVELOPMENT AUTHORITY (RSA 12-G:5)

RECEIVED

JUN 0 4 2024 NEW HAMPSHIRE DEPARTMENT OF STATE

Name and address of reporting individual:	Karen Sawyer Conard	DEPARTMENT
	Karen Sawyer Conard 30 Case Street, Unit 15	Potsmarte NH 03801
an officer, director, associate, partner, proprietor, excess of \$10,000 during the preceding calendary	the name, address and type of any professional, or employee, or served in any other professional year.	business, or other organization in which you were al eapaeity, and from which you derived income in
a. Director, The Saving Bank	352 Main St. Wakefield,	mA _
a. Director, The Savings Bank b. City of Portsmonth, 1 June	cons Avenue Parsmorth, NH	+ 03801 - City Manager
с.		
2. State-Associated Debt. List all dcbts as required b		flaw).
d <b>N/A</b>		
e		
f.		
3. State-Associated Credit. List all credits as required	ed by RSA 21-G:5 (b). (See reverse side for cop	by of law).
gN/A		
h		
i.		
Signature of Reporting Individual:	SUA Date:	6/4/20:24
This report is for calendar year 2024 (2025		