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

Type or Print Clearly					
Full Name Adam Steel		Work Address	SAU #39 - PO Box 8	349 - Amherst, NH	03031
Primary Occupation Superintendent	e-mail			Work Phone	603-637-2690
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Board Member - Health	Trust, Inc.	<u> </u>		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacit	y, and from which	n any income in ex	cess of \$10,000 w	as derived during the preceding
1. SAU #39 - Superintendent (self)				 -	
2.					
f you have no qualifying income indicate by writing your in	itials next to the followi	ng statement.	My incom	e does not qualify	
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in adm rnment affecting the lis the general public:	inistrative rule, a d ted business, prof	ecision whether or ression, occupation, o	not to award a con	tract, grant a license or permit,
1. Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the Sta NH DOE	ate of New Hamps	hire. List each such	-	
I I Z MBAUN LAKE II I 3 INSUKANCE II I	Estate, including broker developers, and landlor		lanking or financial ces		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restail	urants/	10. Sale and dis beverages	stribution of alcoh	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Hörse or dog racing of gambling	g, or other legal fo	rms 🔀 14. Educa	ation 🗍 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T		nal: Specify any o special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	regoing information is to of this chapter or knowir	rue and complete ngly files a false sta	to the best of my kn Itement shall be gui	owledge and belied ty of a misdemear	of. RSA 15-A:9 Penalty. Any nor. ILCEIVED
Date 1/11/21			em A. Stee		JAN 1 3 2021
Return to: Office of Secretary of	State, 107 North Main S	_	ature of Reporting I Room 204, Concord		NEW HAMPSHIRE DEPARTMENT OF STATE