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

| Type or Print Clearly | | | |
|--|---|---|---|
| Full Name John T. Stevens | Work Address | 33 Hazen Drive Concord, Ne | ew Hampshire 03305 |
| Primary Occupation Program Manager | e-mail John.T.Stevens@des | c.nh.gov Work Phone | 603-223-8003 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Community College System of N | lew Hampshire - Trustee | |
| 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 capacity, and from which | any income in excess of \$10,000 w | as derived during the preceding |
| 1. | | | |
| 2. | | | |
| If you have no qualifying income indicate by writing your ini | itials next to the following statement. | My income 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 administrative rule, a dernment affecting the listed business, profe | ecision whether or not to award a cor | tract, grant a license or permit. |
| Any profession, occupation, or business licens profession, occupation, or category of business: | sed or certified by the State of New Hamps | nire. List each such | |
| S. Insulance agent, c | developers, and landlords servic | | te of New Hampshire, county, or pal employment |
| 7. N.H. Retirement System 8. Current use land assessment program | 9. Restaurants/ | Sale and distribution of alcohologous | olic 11. Practice of law |
| Utilities Commission o | Horse or dog racing, or other legal forr f gambling | ns 14. Education 15. V | Water Resources |
| 16. Agriculture 17. N.H. Business taxes: Profits Tax | Business Interest and Dividends Tax | 18. Optional: Specify any of special interest — | her area in which you have a |
| have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of | egoing information is true and complete to f this chapter or knowingly files a false state | the best of my knowledge and believement shall be guilty of a misdemean | f. RSA 15-A:9 Penalty. Any or. |
| Date January 10, 2022 | Signature of Filer | A Luens | |

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