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

| Type or Pri | nt Clearly | | The Management of | | |
|---|---|--|---|--|---------|
| Full Name | Andrea Kohler | Work Address | 10 Front St | | |
| Primary Occ | upation Town Clerk | e-mail akohler@exelernh.go | . Wor | kPhone 603-773-6105 | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | | |
| proprietor, | w the name, address, and type of any profession or employee, or served in any other professions. Sources of retirement benefits other than feder | nal or advisory capacity, and from which | any income in excess of | \$10,000 was derived during the pro- | |
| 1. | | | | | |
| 2, | | | | | |
| If you have r | no qualifying income indicate by writing your init | tials next to the following statement. | My income does i | not qualify | |
| reportable : discipline a | below whether you or a family member has a sp special interest in an item on this list if a change licensee or permittee, or other decision by gove ect on you or a family member than it would on | in law, a change in administrative rule, a inment affecting the listed business, pro | decision whether or not to a | ward a contract, grant a license or pe | ermit |
| | Any profession, occupation, or business license of session, occupation, or category of business: | ed or certified by the State of New Hamp | shire. List each such | | |
| | agent, d | state, including brokers, 5. B evelopers, and landlords servi | anking or financial ces | 6. State of New Hampshire, cou municipal employment | nty, or |
| Syste | | 9. Restaurants/ odging | 10. Sale and distribution beverages | n of alcoholic 11. Practi | ce of |
| | Commission o | Horse or dog racing, or other legal for familiar f gambling | ms 14. Education | 15. Water Resources | 16 |
| 16. Ag | griculture 17. N.H. Business taxes: Profits Tax | Business Interest and Dividends T | 18. Optional: Spacial | ecify any other area in which you hav interest | /e a |
| I have read R person who | ISA 15-A and hereby swear or affirm that the fore knowingly fails to comply with the provisions of | egoing information is true and complete f this chapter or knowingly files a false sta | to the best of my knowledg tement shall be guilty of a r | e and belief. RSA 15-A:9 Penalty nisdemeanor. | Any |
| Date 01/ | 13/2022 | Signature of Filer | andua J.: Koh | lir. | 1 |

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