2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print Clearly Full Name Justin A. Cutting Work Address 98 Smokey Bear Blvd. Concord, NH 03305 Primary Occupation Director e-mail justin.a.cutting@dos.nh.gov Work Phone 603-223-4200 Director, Division of Fire Standards and Training & Emergency Medical Services Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. "NO ACRONYMS" A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) 1. Town of Hampton Fire Department, 140 Winnacunnet Rd. Hampton, NH 2. State of New Hampshire, 98 Smokey Bear Blvd. Concord, NH If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public;

| V | Any profession, o profession, occupatio | | cinoss. | • | | e. List each such Services, Educatio | on (teacher) | | |
|---|---|----------------|---|-------------------------|-------|--|-----------------|-----------------------|--|
| | 2. Health Care 3. Ir | 9/50 | l Estate, including brokers, 5. Banking or financial services | | | 6. State of New Hampshire, county, or municipal employment | | | |
| V | 7. N.H. Retirement System | 8. Current i | program | 9. Restauran lodging | | 10. Sale and distribution beverages | on of alcoholic | 11. Practice of law | |
| 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources | | | | | | | | | |
| 16. Agriculture 17. N.H. Business rayes: Profits Tax | | | | | | pecify any other area in which you have a al interest — | | | |
| | e read RSA 15-A and hereb on who knowingly fails to c | · - | A. 1995 | S.* | 1 (5) | 1.5 | XV | A 15-A:9 Penalty. Any | |

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

Signature of Filer

December 22, 2021

Date

DEC 2 8 2021

NEW HAMFSHIRE DEPARTMENT CT STATE

| Type or Pri | 1 | ESTATEMENT OF FINANCIAL IN | TERESTS - RSA 15 | 5-A | |
|--|--|--|---|--|---|
| Full Name | Justin A. Cutting | Work Address | 98 Smokey Bea | ar Blvd. Conco | rd, NH 03305 |
| Primary Occ | cupation Director | e-mail justin.a.cutting@dos. | | Work Phone | 603-223-4200 |
| directors, e | office, position, board or commission, board of etc. or employment with state or county of the by you. NO ACRONYMS | Director, Division of Fire Standa | ards and Training | & Emergency | Medical Services |
| proprietor, | ow the name, address, and type of any profession or employee, or served in any other profession ar. Sources of retirement benefits other than feder | nal or advisory capacity, and from whic | h any income in exc | ess of \$10,000 was | derived during the preceding |
| 1. N | lew Hampshire Retirement System, 54 | Regional Dr. Concord, NH 033 | 01 | | |
| 2. H | ampton School District SAU 90, Marst | on Way, Hampton, NH | | | |
| If you have i | no qualifying income indicate by writing your ini | tials next to the following statement. | My income | does not qualify | |
| reportable discipline a financial ef | below whether you or a family member has a sp special interest in an item on this list if a change a licensee or permittee, or other decision by gove fect on you or a family member than it would on | in law, a change in administrative rule, a rnment affecting the listed business, pro the general public: | decision whether of r fession, occupation, g | ot to award a cont | ract, grant a license or permit, |
| | Any profession, occupation, or business license rofession, occupation, or category of business: | Firefighting, Emergency Medic | 3 | cation (teacher | ·) |
| | agent, o | state, including brokers, 5. I serv | Banking or financial ices | | of New Hampshire, county, or al employment |
| 7. N.I | H. Retirement 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and dist | ribution of alcohol | ic 11. Practice of law |
| | | Horse or dog racing, or other legal for familyf gambling | rms 14. Educat | tion 15. W | ater Resources |
| 16. A | griculture 17. N.H. Business taxes: Profits Tax | Business Interest and Enterprise Tax Dividends 1 | | nal: Specify any oth special interest | er area in which you have a |
| I have read I person who | RSA 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 st | to the best of my kno atement shall be guilt | wledge and belief. y of a misdemeand | r. |
| Date De | ecember 22, 2021 | Signature of Filer | Justi C. | ety | DEC 2.8 2021 |
| | Return to: Office of Secretary of S | State, 107 North Main Street, State House | Room 204, Concord, | NH 03301 | NEW HAMPSHIRE |