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

Type or Print Clearly		·	
Full Name MATHEN SULLEVAN	Work Address	229 MARA ST. NAS	WUI, NH 03060
Primary Occupation	e-mail SULIVANM @ NAS	Wark Phone Work Phone	603-581-3040
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	CARDERY DEVELORMENT IL	NIK! AUSBASTY AUSSA	ur connistie
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professic calendar year. Sources of retirement benefits other than fed	onal or advisory capacity, and from which	any Income In excess of \$10,000 was	s derived during the preceding
1. <u>K/A</u>		······································	
2 N/A			
If you have no qualifying income indicate by writing your is	aitials next to the following statement.	My Income does not qualify	M/
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gow financial effect on you or a family member than it would or	in law, a change in administrative rule, a de emment affecting the listed business, profe	ecision whether or not to award a contr	act, grant a license or permit,
Any profession, occupation, or business licens profession, occupation, or category of business:	ed or certified by the State of New Hampsi	bite. List each such	
	Estate, including brokers, developers, and landlords		e of New Hampshire, county, or cal employment
7. N.H. Retirement 8. Current use land		10. Sale and distribution of alcoho beverages	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling	ms [14. Education [] 15. V	/ater Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta:	Business Interest and Enterprise Tax Dividends T		her area in which you have a
have read RSA 15-A and hereby swear or affirm that the fo	regoing information is true and complete		RSA 15-A:9 Penalty. Any

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person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 1/3/202/ Signature of Reporting Individual

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

