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

Type of Thi	in Clearly								450 47
Full Name	Kathy O'Blene	<b>3</b> S	I	NOTICE TO THE PART OF THE OWN OF THE PART	Work Address	PO Box 1	90, Wolfeboro Fall	s, NH 038	96
Primary Occ	cupation Busines	s Administra	tor	e-mail koblen	ies@sau49.o	rg	Work Phone	603-569	9-1658
directors, e	ffice, position, board etc. or employment t held by you.		r county	ard of Directo	rs, NH Schoo	Care Coalit	ion, Manchester, N	IH	-
proprietor, o	or employee, or set	ved in any othe	r professional o	r advisory capaci	ty, and from wh	ich any income	amily member was an o in excess of \$10,000 v (Use additional sheets a	vas derived d	luring the preceding
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2.									
If you have r	no qualifying incom	e indicate by wri	ting your initials	next to the follow	ing statement.	Myi	ncome does not qualify	ко Г	
reportable : discipline a financial eff	special interest in ar	n item on this list ee, or other decis ily member than ccupation, or bus	if a change in lavion by government it would on the siness licensed or	v, a change in adr ent affecting the l general public:	ministrative rule, isted business, pr	a decision whet ofession, occup	sions, occupations, grou her or not to award a co ation, group, or matter h such	ntract, grant	a license or permit,
2. He	alth Care 3. In	surance		, including broke opers, and landlo		Banking or fina		ate of New Ha	impshire, county, or nent
7. N.ł Syste	H. Retirement em	2011	nt use land nt program	9. Resta	ourants/	10. Sale a	and distribution of alcoh	olic	11. Practice of law
	y business regulated Commission	l by the Public		lorse or dog racin nbling	g, or other legal	forms 14.	Education 15.	Water Resou	rces
16. A	griculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a Dividends		. Optional: Specify any contract special interest	other area in v	vhich you have a
l have read F person who	RSA 15-A and hereby knowingly fails to co	r swear or affirm omply with the p	that the foregoir rovisions of this	ig information is t chapter or knowi	true and completingly files a false s	e to the best of tatement shall I	my knowledge and beli oe guilty of a misdemea	ef. RSA 15-	A:9 Penalty. Any
Date De	ecember 28, 202	21		Signatur	re of Filer	Katuy	OBRENES	Annual de la	RECEIVE

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

DEC 3 0 2021

NEW HAMPSHIRE

DEPARTMENT OF STATE