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

Type or Pri	nt Clearly			· · · · · · · · · · · · · · · · · · ·	_				<u></u>		
Full Name	-/	amer	- Kol	reil	Work Address	943	Dunba	erkon	Rd,	manch	vent osl
Primary Oc	cupation	Centri	Direvor	e-mail Koh	il. tanero	Jolocar Ps.	-9 by Work	Phone	603	695	ddoz
directors, e		n, board or comm loyment with s 1. NO AC		Sw	IB	State	work	Porce "	2nnou	rnin	Board
proprietor.	or employee	e, or served in an	ne of any profession, y other professiona fits other than federal	or advisory capac	city, and from whi	ich any income	e in excess of ς	10,000 wa	s derived	during the	e, partner, preceding
1.	·		NA								
2.			~ /	A							
If you have	no qualifying	j income indicate	by writing your initia	als next to the follo	wing statement.	Му	income does n	ot qualify		Ø	
reportable discipline financial e	e special inter a licensee or affect on you on any profe	est in an item on permittee, or othe or a family memb ession, occupation	y member has a spethis list if a change in er decision by governer than it would on to be or business license	law, a change in a nment affecting the the general public:	dministrative rule, e listed business, p	a decision whe	ther or not to a pation, group, o	ward a con	tract, gran	it a license o	r permit,
p	orofession, oc	cupation, or cate		tate, including brol	vers 5	. Banking or fin	ancial [1 6. Stat	e of New l	Hampshire, o	county, or
2. H	ealth Care	3. Insurance		velopers, and land	120	rvices	[munici	pal emplo	yment	
7. N Syst	I.H. Retiremo		Current use land sessment program	9. Res	staurants/ g	10. Sale beverage	e and distribution es	n of alcoho	olic	law	actice of
12. A		egulated by the P		3. Horse or dog rad gambling	ing, or other legal	forms 1	4. Education	15. V	Water Resc	ources	
16.	Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Ta	Interest and Dividend		8. Optional: Sp special	ecify any ot interest —	ther area ii	n which you	have a
I have read person wh	I RSA 15-A an o knowingly	d hereby swear o fails to comply wi	r affirm that the fore th the provisions of	going information this chapter or kno	is true and comple wingly files a false	te to the best o statement shall	of my knowledg I be guilty of a i	e and belie nisdemean	f. RSA 1 nor.	5-A:9 Penal	ty. Any
Date	4/2	6/2023			ture of Filer	(a	1				08 2022
		Return to: Of	fice of Secretary of S	tate, 107 North Ma	in Street, State Ho	use Room 204, (Concord, NH 03	301		NEW Î DEPARTM	AMPSHIRE ENT OF STAT