

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

Type or Print Clearly

Full Name Susan Elizabeth Lambert

Work Address

Governor's Office for Emergency Relief and Recovery

Primary Occupation Tax Auditor

e-mail

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Work Phone

603-271-3806

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Tax Auditor, Governor's Office for Emergency Relief and Recovery & Department of Revenue.

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. State of New Hampshire - Employee - 109 Pleasant St, Concord, NH 03301
2. New Hampshire Retirement System - Member - 54 Regional Drive, Concord, NH 03301

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:

<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	<u>Self - Tax Auditor</u>	
<input checked="" type="checkbox"/>	2. Health Care	<input checked="" type="checkbox"/>	3. Insurance
<input checked="" type="checkbox"/>	7. N.H. Retirement System	<input checked="" type="checkbox"/>	8. Current use land assessment program
<input checked="" type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input checked="" type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling
<input checked="" type="checkbox"/>	16. Agriculture	<input checked="" type="checkbox"/>	17. N.H. taxes: Business Profits Tax
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	5. Banking or financial services
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	10. Sale and distribution of alcoholic beverages
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	11. Practice of law
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	14. Education
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	15. Water Resources
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest: <u>Medicaid Enhancement Tax;</u>

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. and Nursing Facility Quality Assessment Tax

Date 12/22/2021

Signature of Filer

Susan E Lambert