

## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A



Type or Print Clearly

Full Name  Work Address   
 Primary Occupation  e-mail\*optional  Work Phone

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.
2.

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

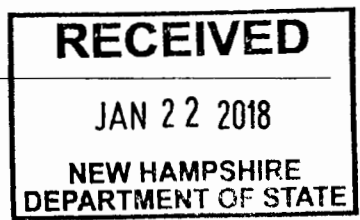
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to 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: <input type="text" value="NH Bar Association, NH Board of Nursing"/> |  |  |  |   |  |
| <input checked="" type="checkbox"/> 2. Health Care   | <input type="checkbox"/> 3. Insurance  | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords           |  | <input type="checkbox"/> 5. Banking or financial services                 | <input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment |
| <input checked="" type="checkbox"/> 7. N.H. Retirement System  | <input type="checkbox"/> 8. Current use land assessment program  | <input type="checkbox"/> 9. Restaurants/ lodging   |  | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input checked="" type="checkbox"/> 11. Practice of law  |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission   |  | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling                     |  | <input checked="" type="checkbox"/> 14. Education                         | <input type="checkbox"/> 15. Water Resources   |
| <input type="checkbox"/> 16. Agriculture   | 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- |  |   |  |

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.

Date

Signature of Reporting Individual



**2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

**Type or Print Clearly**

Full Name | Charles J. Saia | Work Address | 121 S. Fruit Street, Ste 101, Concord, NH 03301

Primary Occupation | Executive Director | e-mail\*optional | charles.saia@nh.gov | Work Phone | 603-271-2773

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**  
 | State Rehabilitation Advisory Council (member & Vice Chair)  
 | Medical Care Advisory Committee (alternate member)

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- Charles J. Saia, Attorney At Law, 86 Nashua Rd #279, Londonderry, NH 03053/Wentworth Institute of Technology, 550 Huntington Ave., Boston, MA 02115
- Dartmouth Hitchcock Medical Center, 100 Hitchcock Way, Manchester, NH 03104

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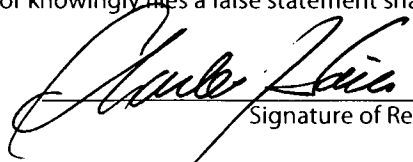
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|  |  |  |   |  |
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| <input checked="" type="checkbox"/> 7. N.H. Retirement System                          | <input type="checkbox"/> 8. Current use land assessment program                    | <input type="checkbox"/> 9. Restaurants/ lodging   | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input checked="" type="checkbox"/> 11. Practice of law  |
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Date | 01/19/2018

  
 Signature of Reporting Individual

