

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

Type or	r Print Clearly			<u> </u>			
Full Na	me Sarah Yuhas Kirn	· - ·	8.6 yes 8. was	Work Address	29 Hazen Dr., Conco	rd, NH 03301	
Primary	Occupation Environ	mental Programs Admini	strator e-mail	Sarah.YuhasKirn@des.nh.	jov .	Work Phone	603-848-8641
director		rd or commission, board nt with state or cour NO ACRONYMS		Environmental Services Wa	iste Management Divisio	on, Assistant Dir	ector
propriet	tor, or employee, or se	rved in any other profe	ssional or adviso	or other organization in w bry capacity, and from whit and/or disability benefits sh	ch any income in exce	ss of \$10,000 w	officer, director, associate, partner ras derived during the preceding is necessary.J
1.	Husband is a letter ca	rrier employed by US Po	stal Service.			_	
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lf you ha	ive no qualifying incom	e indicate by writing you	ur initials next to t	the following statement.	My Income o	Joes not qualify	
reportab disciplin	ole special interest in an le a Boensee or permitte	iltem on this list if a chai	nge in law, a chan povernment affect	ige in administrative rule, a ting the listed business, pro	decision whether or not	t to award a con	os, or matters. A person has a stract, grant a license or permit, rould potentially have a greater
⋉	Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: I am a NH-licensed Professional Geologist.						
<u> </u>	Health Care	ISLUATED II	leal Estate, includent, developers, a	- 1) ;	Banking or financial vices		ste of New Hampshire, county, or cipal employment
	. N.H. Retirement stem	8. Current use it assessment progr		9. Restaurants/ lodging	10. Sale and distr beverages	ibution of alcoh	olic 11. Practice of
	Any business regulated ties Commission	d by the Public	 13. Horse or of gambling 	dog racing, or other legal f	orms 14. Educati	on ,	Water Resources
16	5. Agriculture	17. N.H. Busine taxes: Profits		ness Interest a prise Tax Dividends	nd 18. Options	at: Specify any operation	other area in which you have a
have rea person w	nd RSA 15-A and hereby the knowingly fails to co	y swear or affirm that the omply with the provision	e foregoing informations of this chapter	nation is true and complete or knowingly files a false s	to the best of my know tatement shall be guilty	viedge and beli of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date	1/14/2021		_	LIMAN	Y DUJUU	(haddised	

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