

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

Type or Print Clearly

Full Name **Charles J. Saia** Work Address **54 Regional Drive, Suite 5, Concord, NH 03301**

Primary Occupation **Executive Director** e-mail **charles.j.saia@gcd.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. **Governor's Commission on Disability-Executive Director&internal/statutory committees**  
**State Coordinating Council for Transportation (member) \*\*\*please see attached sheet**

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, 25 Capitol Street, Concord, NH 03301**
2. **Dartmouth Hitchcock Medical Center, 100 Hitchcock Way, Manchester, NH 03014/Apple, One Apple Way, Cupertino, CA 95014**

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:	<b>NH Bar Assoc., NH Board of Nursing, NH Board of Barbering, Cosmetology &amp; Esthetics</b>									
<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 type="checkbox"/>	11. Practice of law
<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 type="checkbox"/>	14. Education	<input type="checkbox"/>	15. Water Resources
<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 type="checkbox"/>	17. N.H. taxes: Business Profits Tax	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---				
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. N.H. taxes: Business Enterprise 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 **January 20, 2022** Signature of Filer 

**RECEIVED**  
**JAN 21 2022**  
**NEW HAMPSHIRE**  
**DEPARTMENT OF STATE**

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Continuation Sheet

Charles J. Saia

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.

Commission on Deafness & Hearing Loss (member)

Commission on Post Traumatic Stress Disorder & Traumatic Brain Injury (member)

Medical Care Advisory Committee (alternate member)

National Association of Governors Commissions on Disability (member)

New Hampshire Foster & Adoptive Parent Association (director)

STABLE Partner States Committee (member)

Statewide Coordinating Council for Transportation (member)