2021	NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERES	STS - RSA 15-A
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Type or Print Clearly		
Full Name Steven A Howell	Work Address 60 LOON Mt Road	•
Primary Occupation Liftmaintence Mana	gefe-mail Showell @ loom try con Work Phone	603 348-8729
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Passenper Tranway Safety Board	

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.	Sarah P Mcclennen, Centified Advanced Rolfer, owner					
2	9 Johnson lave Suite 102 Andovon, NH	03216				
lf you ha						

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:

X	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such								
	profession, occupation, or category of business:			Structure	1/2	tr tog	ration	license	<b>₩ 3 </b> \$
ŗ	2. Health Care 🖵 3. Ir	surance it i		cluding brokers, ers, and landlords			g or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
	7. N.H. Retirement System	8. Current us assessment pr		9. Restaurant	ts/	H .	). Sale and distribut verages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling									
Γ	16. Agriculture	1 1		Business nterprise Tax	Interes Divider	11	18. Optional: Specia	pecify any other are Il interest	ea in which you have a
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. RECEIVED									
Date	August	19, 2021		Signature of F	iler		kt a	Am	AUG 2 0 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

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