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

Type or Pri	nt Clearly			<b>\</b>					i	
Full Name	Susar	n L. Stea	arns		155 E 32.00000 E	Work Addres	85 N.	State Street, 0	Concord,	NH 03301
Primary Oc	cupation	Deputy	Director	<u>-</u>	e-mail sstearn	s@naminh	org	Wor	k Phone	603-225-5359
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Governor's Commission on Disability									i	
proprietor,	or employ	yee, or se	ved in any	other profession		y, and from w	hich any inc	come in excess of	\$10,000 wa	ficer, director, associate, partner, as derived during the preceding necessary.)
1.	AMI Ne	w Hamp	shire, 85	N. State Stre	et, Concord, NH (	03301 - non	-profit org	anization		
2.		124 12		- 1 - <u>-</u>			201 201	22 02 02 02	(1)	
lf you have	no qualify	ing incom	e indicate by	writing your ini	tials next to the followi	ng statement.		My income does	not qualify	SLS
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:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Non-profit organization receiving state contracts for support and education services										
2. He	ealth Care	3. lr	surance		state, including broker levelopers, and landlor	s,	5. Banking c ervices		6. Stat	te of New Hampshire, county, or pal employment
7. N Syste	.H. Retire	ment	10000 10000	urrent use land sment program	9. Restail			Sale and distributi erages		TOTAL MANUAL LANGUAGE COLORES
	ny busines s Commi:		d by the Pub		13. Horse or dog racing f gambling	g, or other lega	I forms	14. Education	15.V	Vater Resources
16. <i>J</i>	Agriculture	i i	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividen	- 11	] <i>18. Optional</i> : Specia	ecify any ot I interest —	her area in which you have a
					egoing information is t f this chapter or knowi					f. RSA 15-A:9 Penalty. Any or.
Date 12	2/23/202	11			Signatur	e of Filer	Sa	isant.	Stea	RECEIVED
		Ret	urn to: Office	of Secretary of	State, 107 North Main S	Street, State Ho			l	DEC 2 8 2021  NEW HAMPSHIRE  DEPARTMENT OF STATE