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

| Type or Print Clearly | |
|--|---|
| Full Name Lori L. Sommer | Work Address NHDES, Wetlands Bureau, 29 Hazen Dr. Concord |
| Primary Occupation | e-mail lori. sommer @des.nh.gov Work Phone 603-271-4059 0330) |
| directors, etc. or employment with state or county - | State Conservation Committee |
| 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.)

Retirement System (husband retired after 25 years of working at NH Fish and bame Department) 1. NH 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:

| Γ | 1. Any profession, occupation, or business licensed <u>or certified by the State of New Hampshire. List each such</u> profession, occupation, or category of business: | | | | | | | | |
|---|---|--|----------------------------|--|--|----------------------|--|------------------------|--|
| Г | 2. Health Care / 🥅 3. | 3. Insurance 4. Real Estate, including brol agent, developers, and land | | | 5. Banking or financial services | | 6. State of New Hampshire, county, or municipal employment | | |
| Г | 7. N.H. Retirement System 8. Current use land assessment program | | 9. Restaurants/ lodging | | 10. Sale and distribution of alcoholic beverages | | 11. Practice of law | | |
| Г | 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or oth of gambling | | | | er legal forms | ☐ 14. Education | 15. Water F | lesources | |
| Г | 16. Agriculture | 17. N.H. taxes: | Business Profits Tax | | nterest and ividends Tax | 18. Optional: Specia | pecify any other are I 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.

Date

1-7-2021

For J. Som

RECEIVED

Signature of Reporting Individual

JAN 1 1 2021

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

NEW HAMPSHIRE