



Statement of Financial Interests  
PEASE DEVELOPMENT AUTHORITY  
(RSA 12-G:5)

Name and address of reporting individual: Susan B. Parker  
(print)

1. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.

- a. None
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).

- d. None
- e. \_\_\_\_\_
- f. \_\_\_\_\_

3. State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).

- g. None
- h. \_\_\_\_\_
- i. \_\_\_\_\_

Signature of Reporting Individual: Susan B. Parker Date: June 3, 2021  
This report is for calendar year 2021

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JUN 07 2021

NEW HAMPSHIRE  
DEPARTMENT OF STATE