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

Type or Print Clearly	
Full Name John V. Scippa	Work Address 17 Institute Drive, Concord NH
Primary Occupation Director NHPST	e-mail john.v.scippa@pst.nh.gov Work Phone 603-271-1793
Name the office, position, board or commission, board of directors, etc. or employment with state or county (Director of New Hampshire Police Standards and Training
government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than fede	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. n/a	
2. n/a	
If you have no qualifying income indicate by writing your initials next to the following statement.	itials next to the following statement. My income does not qualify JVS
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting th financial effect on you or a family member than it would on the general public:	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 licen profession, occupation, or category of business:	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real agent,	4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or agent, developers, and landlords services
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling
16. Agriculture taxes: Profits Tax	Business Interest and I.8. 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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement.	l 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 December 21,2021	Signature of Filer