2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	nt Clearly		ork Address	194 Pleasant St,	Concord, NH 033	603225-1947 Kl
Full Name	Kathleen Reardon					603-225-1947 x:12
Primary Occupation CEO, NH Center for Nonprofits e-mail Kreardon@nhnonprotasticles.cog Work Phone 603-225-1947 A. 12						
directors,	office, position, board or commission, board of etc. or employment with state or county of held by you. NO ACRONYMS					
	it lield by you.	on fouringer or order orde	nization in whi	ch you or a family	member was an of	cer, director, associate, partner,
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 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 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 proprietor. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)						
1. \[\bigver_N	NH Center for Nonprofits, 194 Pleasant Street	r, Concora, NH; nonprofit				
Geophysical Survey Systems, 40 Simon St, Nashua, NH 03069; night tech manufacturing						
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: 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. H	a-lab Cara II 2 Incurance	l Estate, including brokers, , developers, and landlords	- 11	anking orfinancial ces	Y 2	te of New Hampshire, county, or toal employment
┌ 7. N Syst	I.H. Retirement 8. Current use land assessment program		ints/	10. Sale and d beverages	istribution of alcon	onc 11. Practice of
7.37	ny business regulated by the Public es Commission	13. Horse or dog racing, of gambling	or other legal fo	rms - 14. Eaux	cation 7 15.	Water Resources
T 16.	Agriculture 17. N.H. Business Profits Ta		 Interest and Dividences T 		ional: Specify any o special interest —	ther area in which you have a
	RSA 15-A and hereby swear or affirm that the foo o knowingly fails to comply with the provisions					
Date N	May 11, 2020		Sulhu	D Va		
		9	Sign	nature of Reporting	Individual	

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