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

Type or Print Clearly	<u> </u>	
Full Name LINDA DIANE LAKER	Work Address 3855 Dartmoute C. N Haverhill NH	ollege Hwy 03774
Primary Occupation County Commissioner/ Retired	e-mail lauer@co.graffon.nh.us Work	Phone 603-747-4001
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		c+ 2
proprietor, or employee, or served in any other professi	sion, business, or other organization in which you or a family member ional or advisory capacity, and from which any income in excess of \$ deral retirement and/or disability benefits shall be included. (Use additional)	10,000 was derived during the preceding
1. Lockheed Martin Cretiren	rent) 5600 Sand Lake Rd Orlando FL	32819
2.		
If you have no qualifying income indicate by writing your	initials next to the following statement. My income does no	ot qualify
financial effect on you or a family member than it would o	rernment affecting the listed business, profession, occupation, group, or n the general public:	matter would potentially have a greater
agent	Il Estate, including brokers, t, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	71	of alcoholic 11. Practice of law
— 12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	15. Water Resources
17. N.H. Business taxes: Profits Tax	Business Interest and Interest and Enterprise Tax Dividends Tax 18. Optional: Special in	rify any other area in which you have a nterest — NONE
have read RSA 15-A and hereby swear or affirm that the foresten who knowingly fails to comply with the provisions	oregoing information is true and complete to the best of my knowledge of this chapter or knowingly files a false statement shall be guilty of a m	and belief. RSA 15-A:9 Penalty. Any
Serson who knowingly falls to comply with the provisions	of this chapter of knowingry lifes a raise statement shall be guilty or a m	RECEIVED
Date 15 Jan 2021	Signature of Reporting Individual	JAN 1 9 2021
	Signature of Reporting Individual	NEW HAMPSHIRE

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