

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 2 5 2023

PLEASE PRINT

I. Name of Lobbyist(s) Rebecca Hanson			L'EPARTME!	
II. Name of lobbyist's partnership, firm or corporation, if any:				
(Name of partnership	p, firm or corporation)			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
()(Telephone)	(-)(Fax)	e-mail		
III. This statement covers: (Choose reportable expense transactions w			y file a separate report fo	
All reportable transactions occur	ring in the months prior to th	e reporting date relative to the	e following client:	
Newfound Lake Region	Association			
	f Client as it appears on the Lobl	yist Registration Form)		
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobby	vist's family), or the lobbying	firm listed below which ar	
IV. Date of Report April 27, 20 Reports cover: activity from date of)22	July 27, 2022 activity from 4/1/22 to 6/30/22		
October 26, activity from 7/		January 25, 2023 activity from 10/1/22 to 12/31/	22	
V. There have been no fees rece If this box is checked, complete just to State House, Room 204, Concord, N.	this form and submit it to the			
VI. Check if additional reports are	e attached:			
If you have received fees or made	le expenditures, you must file	Addendum A-Fees and Ex	penses	
If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you	must file Addendum B-Rep	ort of Honorariums or	
If you, your firm, or your family	has made political contribut	ions, you must file Addendu	n C- Political Contribution	
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	A 14-C and RSA 664 and her	eby swear or affirm that the fo	oregoing information is tru	
111/10		1/19/2023		
(Signature of lobovist)		(Date	()	
Rebecca Hanson				
(Print Name of lobbyist)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation	C
Name of Client (leave blank if Statement is for the particular client): Newfound Lake Region	partnership, firm, or corporation and not related to any Association
Date of Report (check one):	
April 27, 2022	tober 26, 2022
	tement of Income and Expenses described above, and tement (insert the number of Addendum forms being
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and
mil	1/19/2023
(Signature of lobbyist)	(Date)
Rebecca Hanson	
(Print Name of lobbyist)	