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

Type or P	rint Clearly						
Full Name	Kimberly Hannon			Work Address	170 Warren Street, Conce	ord, NH 0330	1
Primary C	eccupation teacher		e-mail khannon@	⊚sau8.org	Wo	rk Phone	225-0800 ext 6262
		or commission, board of with state or county	Board of Barbering, Cosmetology and Esthetics				
government held by you. NO ACRONYMS			Cosmetolgist Board Member				
proprietor	r, or employee, or serv	s, and type of any profession and type of any profession and benefits other than fede	nal or advisory capacit	y, and from whic	h any income in excess o	f \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
1.	N/A		,			-	
2.		_		·			· · · · · · · · · · · · · · · · · · ·
If you have	e no qualifying income	indicate by writing your in	itials next to the followi	ng statement.	My income does	s-not qualify	
reportable discipline	e special interest in an i a licensee or permittee	tem on this list if a change	in law, a change in adm rnment affecting the lis	inistrative rule, a d	decision whether or not to	award a con	s, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:							
	lealth Care 3.1ns		Estate, including broker developers, and landlor		Banking or financial ices		te of New Hampshire, county, or ipal employment
1	N.H. Retirement tem	8. Current use land assessment program	9. Restail	urants/	 Sale and distribut beverages 	ion of alcoh	olic — 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms X 14. Education 15. Water Resources							
T 16.	Acidentifica	17. N.H. — Business. taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends		pecify any o al interest	ther area in which you have a
I have read person wh	d RSA 15-A and hereby to knowingly fails to co	swear or affirm that the formply with the provisions of	egoing information is t of this chapter or knowi	rue and complete	to the best of my knowled atement shall be guilty of a	ge and belie a misdemear	ef. RSA 15-A:9 Penalty. Any nor.
Date 1	/16/2020			X/////////////////////////////////////	De Jalianature of Reporting Individ	UU lual	

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