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NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly

Full Name Gail Hanson Work Address N/A

Primary Occupation Retired e-mail rtcat1@myfairpoint.net Work Phone N/A

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Chairman Connecticut Lakes Headwaters Citizens Committee

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.

- 1. N/A
2.

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.

Grid of checkboxes for categories: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire; 2. Health Care; 3. Insurance; 4. Real Estate; 5. Banking or financial services; 6. State of New Hampshire, county, or municipal employment; 7. N.H. Retirement System; 8. Current use land assessment program; 9. Restaurants/lodging; 10. Sale and distribution of alcoholic beverages; 11. Practice of law; 12. Any business regulated by the Public Utilities Commission; 13. Horse or dog racing, or other legal forms of gambling; 14. Education; 15. Water Resources; 16. Agriculture; 17. N.H. taxes: Business Profits Tax, Business Enterprise Tax, Interest and Dividends Tax; 18. 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 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 January 3, 2020

Signature of Reporting Individual (Handwritten signature)

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