Type or Print CLEARLY Full Name TIMO		LOQUIN, I	LESwa	ork Address:	o box 4	17, DE	RRY, NH 03
Primary Occupation	ensed Lan	d Surveyo	E-mail [A	Prom	ised Land Sup	Work Phone	03.432.ZIIZ
Name the office, position, directors, etc. or employme by you. NO ACRONYMS	ent with state or count	Committee, Court of	LANDS	URVE	Yors	ey.com	
proprietor, or emp	loyee, or served in an	y other professional or	advisory capacity, and	from which any	ou or a family member we income in excess of \$1 shall be included. (Use a	0,000 was derived du	uring the preceding
1. TimoTH					003) 43		
If you have no qualifying in	have no qualifying income indicate by writing your initials next to the following statement.				My income does not qualify		
discipline a licens financial effect on 1. Any professi occupation, or ca	ee or permittee, or oth you or a family mem on, occupation, or business:	ner decision by governr ber than it would on th ness licensed or certified	nent affecting the listed e general public: by the State of New Han	business, profe	n such profession,	o, or matter would po	SURVEY, U
2. Health Care	3. Insurance	4. Real Estate, incagent, developer		services	ng or financial	municipal emplo	Hampshire, county, or oyment
7. N.H. Retirement System	• • • • • • • • • • • • • • • • • • •	rent use land ent program	9. Restaurants/	<u> </u>	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regu Utilities Commissio		13. Hors	se or dog racing, or other	legal forms of	14. Education	15. Water Res	ources
16. Agriculture	17. N.H. taxes:	1 2		Interest and Dividends Tax		cify any other area in vinterest	which you have a
I have read RSA 15-A Penalty. Any person v	-			-		•	
Date _07-22	- 2020			J. Sign	aure of Reporting Indiv	idual	RECEWED
	Return to:	Office of Secretary of S	State, 107 North Main S	Street, State Hou	use Room 204, Concord,	NH 03301	JUL 2 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE