

STATE OF NEW HAMPSHIRE

2023 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15)

RECEIVED

JUL 27 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Rebecc	a Hanson		
II. Name of lobbyist's partnership,	firm or corporation, if any:		
(Name of partnership	o, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	()(Fax)	e-mail	
III. This statement covers: (Choose reportable expense transactions where the coverage of the			y file a separate report for
All reportable transactions occur	ring in the months prior to the r	eporting date relative to th	e following client:
Newfound Lake Region	Association		
	Client as it appears on the Lobbyis	st Registration Form)	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist	e's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of October 25, activity from 7/1/2	registration to 3/31/23	July 26, 2023 Juctivity from 4/1/23 to 6/30/2 January 31, 2024 Dity from 10/1/23 to 12/31/23	
V. There have been no fees rece If this box is checked, complete just t State House, Room 204, Concord, N.	his form and submit it to the Se		
VI. Check if additional reports are	attached:		
If you have received fees or made		ddendum A- Fees and Ex	cpenses
If you have paid an honorarium Expense Reimbursement		•	•
If you, your firm, or your family	has made political contribution	s, you must file Addendu	m C- Political Contributions
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 hereby	y swear or affirm that the f	Foregoing information is true
Knld		7/24/2023	
(Signature of lobbyist)		(Dat	re)
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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): July 26, 2023 ☐ October 25, 2023 ☐ April 26, 2023 □ January 31, 2024 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). __________ I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist)