Type or	r Print Clearly	y	•										
Full Nar	ull Name Ann Lamborghini Lane					W	6	6 Woodland Road, Dover, NH 03820					
Primary	Occupation	Homema	ker		e-mai	annlanenhsb	oe@gmail.	com		Wor	k Phone	60396	693563Member of the
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Member of the State Board of Education								
propriet	tor, or emplo	yee, or sei	ved in any	other professio	nal or advis		d from wh	ich an	y income in e	excess of	\$10,000 w	as deriv	rector, associate, partner, ed during the preceding ary.)
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2.	Spouse, C	aptain Uni	ted States N	lavy Retired		<u>.</u>							
f you ha	ave no qualify	ing incom	e indicate by	writing your in	itials next to	the following st	tatement.		My inco	me does	not qualify		
Tinancia	1. Any pro	ofession, oc	cupation, or	of business:	ed or certifie Board of	ed by the State o Medicine, Med	ical Licens	θ					
区 2	2. Health Care	3. lr	surance			ding brokers, and landlords	11 1	. Bank rvices	ing or financia	11			w Hampshire, county, or ployment
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						rmation is true a er or knowingly							15-A:9 Penalty. Any
Date	January 11	, 2021				Signature of I	Filer	· C	enn	20	ran		JAN 1 2 2021
		Ret	urn to: Office	of Secretary of	State, 107 N	North Main Stree	t, State Hou	ise Ro	om 204, Conco	ord, NH 0	3301		NEW HAMPSHIR DEPARTMENT OF S

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