| Type or Print Clearly Full Name KIRK M. STBNE  |  |   | Work Address   | 107 /  | PLEASANT   | ST, CONCOR   | 10 , AH .  | 03301   |
|--|--|---|--|--|--|--|--|---|
| · · ·  |  | rier  | STONE @ C  | S/. AH.  | GOV  | Work Phone   | 603-   | 271-6359  |
| Primary Occupation   |  |   |  |  |  |  |  |   |
| Name the office, position, board or commission, board of<br>directors, etc. or employment with state or county   | NH OFFICE OF STATEGIC INITIATIVES  |   |  |  |  |  |  |   |
| NO ACRONYMS  | WEATHERTEATION FROGRAM MANAGER.  on, business, or other organization in which you or a family member was an officer, director, associate, partner, on business, or other organization in which any income in excess of \$10,000 was derived during the preceding   |   |  |  |  |  |  |   |
| proprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than federal and the server of | eral retirement (  |   |  |  |  |  |  |   |
| CYNTHIA GUNN REAL ESTATI   | E  |   |  |  |  |  |  |   |
|  | · ·  |   |  |  |  |  |  |   |
| you have no qualifying income indicate by writing your in  |  | 4   |  | •  | •  |  |  |   |
|  |  |   |  |  | My income  | does not exalif  | ~  |   |
| Indicate below whether you or a family member has a sp   | pecial interest in   | n any of th   | e following bu   | sinesses, pr   | ofessions, oc  | does not qualif<br>cupations, grou   | aps, or ma   | atters. A person has a  |
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