

Type or Print Clearly

Full Name ROLAND PAUL HOFFMANN

Work Address N/A

Primary Occupation RETIRED

e-mail *optional

RHOFFMANN@NH.COM

Work Phone

N/A

Name of office, appointment, or employment with government

STATE REPRESENTATIVE

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. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

1. RECEIVED

2. JAN 08 2009

3. NEW HAMPSHIRE

If you have no qualifying income indicate by writing your initials next to the following statement: NEW HAMPSHIRE does not qualify

RPK

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

<input type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/>	5. Banking or financial services	<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>	9. Restaurants/ lodging	<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/>	11. Practice of law
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>	14. Education	<input type="checkbox"/>	15. Water Resources	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. N.H. Business Profits Tax	<input type="checkbox"/>	Business Enterprise Tax	<input type="checkbox"/>	Interest and Dividends Tax	<input type="checkbox"/>	

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.

Roland P. Hoffmann
 Signature of Reporting Individual

2 JAN 09
 Date