

Type or Print Clearly

Full Name SARAH A. HULTZ Work Address UNH Bookstore, 83 Main St., Durham, NH 03824

Primary Occupation Retail Store Manager e-mail*optional SARAH.HULTZ@UNH.EDU Work Phone 862-2140

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. Barnes and Noble College Bookstores - UNH Bookstore 83 Main St., Durham, NH 03824

RECEIVED

2. _____ JAN 08 2009

3. _____ NEW HAMPSHIRE DEPARTMENT OF REVENUE

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify _____

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:

| | | | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|--|--|--|
| <input type="checkbox"/> 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. NH: 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"/> 16. Agriculture | <input type="checkbox"/> 17. NH: Business taxes: Profits Tax | <input type="checkbox"/> Business Enterprise Tax | <input type="checkbox"/> Interest and Dividends Tax | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest -- | | | | | | | |

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.

SARAH HULTZ
 Signature of Reporting Individual 1/5/09
 Date