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JAN 20 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

## 2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

|                   | Foll Malife  |  | Work Address Other Halbour Flace Suite 240, FOIGHIODUR, NET 03001  |   |
|-------------------|--|--|--|---|
|                   | Primary Occupation investment manager  | ent manager  | e-mail*optional maureen.kelliher@cambridgetrust.ca Work Phone 603.369.5054   | 2   |
|                   | office,<br>loyment   | appointment, or<br>vernment held by  | Member of the Board of Trustees of the New Hampshire Retirement System   |   |
| een               | A. List below the name, addr<br>proprietor, or employee, or successor fretire  | ess, and type of any prerved in any other pro-<br>erved in any other pro-<br>ement benefits other the        | 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. (Use additional sheets as necessary.)   | an officer, director, associate, partner, 200 was derived during the preceding ets as necessary.) |
| ir                | 1. Cambridge Trust Co  | Cambridge Trust Company, 75 State Street, Boston, MA 02109   | et, Boston, MA 02109   |   |
| al                | 2.   |  |  |   |
| $\mathcal{W}_{l}$ | If you have no qualifying inco   | me indicate by writing)  | If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify  MK  | 1 1111111111111111111111111111111111111   |
| ner,              | B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: | u or a family member h<br>in item on this list if a cl<br>tee, or other decision b<br>nily member than it wo | 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: | A person has a license or permit, lly have a greater  |
| 11.1              | Any profession, occupation   | 1. Any profession, occupation, or business lice profession, occupation, or category of business:             | Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such fession, occupation, or category of business:  |   |
| Ke                | 2. Health Care 3.  | 3. Insurance   | 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hamps agent, developers, and landlords services municipal employment  | State of New Hampshire, county, or unicipal employment  |
| ,                 | 7. N.H. RetirementSystem   | 8. Current use land assessment program   | use land   | 11. Practice of law   |
|                   | 12. Any business regulated by the Public Utilities Commission  | ed by the Public   | ☐ 13. Horse or dog racing, or other legal forms ☐ 14. Education ☐ 15. Water Resources  | :es   |
|                   | 16. Agriculture  | 17. N.H. Bus   | Business Business Business Interest and Profits Tax Enterprise Tax Dividends Tax Interest and Specify any other area in which you have a   | hich you have a   |
|                   | I have read RSA 15-A and here<br>person who knowingly fails to   | by swear or affirm that<br>comply with the provis  | 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: person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  | RSA 15-A:9 Penalty. Any   |
|                   | Date 1/10/2017   |  | M C  |   |
|                   |  |  |  |   |

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301