

Type or Print Clearly

Full Name Jennifer Logsdon Work Address 88 Commercial St. Manchester  
 Primary Occupation Academic Counselor e-mail\*optional \_\_\_\_\_ Work Phone 603-41-4170  
 The office, position, appointment, or employment with state government held by you: Juvenile Parole Board Appointee  
 NO ACRON/NTMS

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.)

1. University of New Hampshire, 85 Commercial St
  2. Manchester NH 03101
- 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"/>	5. Banking or financial services	<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<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"/>	7. N.H. Retirement System	<input type="checkbox"/>	8. Current use Land assessment program	<input type="checkbox"/>	9. Restaurants/ lodgings
<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"/>	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. N.H. Business Profits Tax	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest: _____
<input type="checkbox"/>	17. N.H. Business Profits Tax	<input type="checkbox"/>	18. Business Enterprise Tax	<input type="checkbox"/>	19. Dividends Tax
<input type="checkbox"/>	19. Dividends Tax	<input type="checkbox"/>	20. Interest and Dividends Tax	<input type="checkbox"/>	21. Education
<input type="checkbox"/>	22. Water Resources	<input type="checkbox"/>	23. Practice of law	<input type="checkbox"/>	24. State of New Hampshire, county, or municipal employment

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.

*Logsdon Jennifer*

Date 1/19/17

*Jennifer Logsdon*  
 Signature of Reporting Individual

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

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 JAN 20 2017  
 NEW HAMPSHIRE  
 DEPARTMENT OF STATE