## 2013 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	Work Address	
Primary Occupation	e-mail *optional	Work Phone
The office, position, appointment, or employment with state government held by you. NO ACRONYMS		
A. List below the name, address, and type of any proprietor, or employee, or served in any other realendaryear. Sources of retirement benefits other to	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, directon proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decident or advisory capacity. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	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.		
2.		
If you have no qualifying income indicate by writing your initials next to the following statement.	g 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 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:	has a special interest in any of the following business change in law, a change in administrative rule, a decir by government affecting the listed business, professi vould on the general public:	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:
<ol> <li>Any profession, occupation, or business lice profession, occupation, or category of business:</li> </ol>	Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such fession, occupation, or category of business:	. List each such
. 2. Health Care 3: Insurance	4. Real Estate, including brokers, 5. Banking or agent, developers, and landlords 5. Banking or	sing or financial 6. State of New Hampshire, county, or municipal employment
7. N.H.  RetirementSystem  8. Current use land assessment program	use land 9. Restaurants/	10. Sale and distribution of alcoholic law law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	14. Education 15. Water Resources
16. Agriculture taxes:	Business Business Interest and Profits Tax Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm th person who knowingly fails to comply with the pro	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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	he best of my knowledge and belief. <b>RSA 15-A:9 Penalty.</b> Any nent shall be guilty of a misdemeanor.
Date		
	Signatu	Signature of Reporting Individual

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