

2011 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name JEFFREY M. FOY Work Address 1889 ELM ST. MANCHESTER, NH 03104

Primary Occupation INSURANCE AGENCY C.O.D. e-mail*optional JEFF.FOY@FOYINSURANCE.COM Work Phone 603-641-8111

The office, position, appointment, or employment with state government held by you. N/A
NO ACRONYMS

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. FOY INSURANCE GROUP, INC. 3. MIS INSURANCE, INC. (SEE ATTACHED FOR ADDRESSES)
- 2. JMS REALTY CORP. 4. WOODWARD, WILKENS & FOY INSURANCE, LLC

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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: JEFF - INSURANCE LICENSE / REAL ESTATE LICENSE MELISSA (WIFE) - ELEMENTARY SCHOOL TEACHING LICENSE

<input type="checkbox"/> 2. Health Care	<input checked="" type="checkbox"/> 3. Insurance	<input checked="" 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 checked="" type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business 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.

Date 12 SEP 2011
RECEIVED
SEP 20 2011

Jeffrey M. Foy
Signature of Reporting Individual

RECEIVED
SEP 14 2011

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

NEW HAMPSHIRE SECRETARY OF STATE

NEW HAMPSHIRE DEPARTMENT OF STATE

Robert P. Ambrose
Senior Deputy Secretary of State
David M. Scanlan
Deputy Secretary of State



William M. Gardner
Secretary of State

9/14/2011

TO: Jeffrey M. Fey

Enclosed is the Statement of Financial Interests Filing under RSA 15-A that we recently received from you. It is being returned to you because of incomplete information.

Please complete the required information and return it to this office as soon as possible.

Incomplete Identification - Full Name

Incomplete contact Information - reporting individual must identify

his/her work address OR email OR work phone OR sufficient office/employment

Name of office, appointment or employment with government

ECONOMIC STRATEGIC COMMISSION TO STUDY THE RELATIONSHIP

BETWEEN NH BUSINESSES AND STATE GOVERNMENT

Section A incomplete

Missing Signature

Missing Date

State House Room 204, 107 N. Main St., Concord, N.H. 03301
Phone: 603-271-3242 Fax: 603-271-6316
TDD Access: Relay NH 1-800-735-2964
www.nh.gov/sos email: elections@sos.state.nh.us

STATEMENT OF FINANCIAL INTERESTS
JEFFREY MARK FOY
MELISSA B. FOY (wife)

Foy Insurance Group, Inc. PO Box 1030 Exeter, NH 03833

JMS Realty Corp. PO Box 1030 Exeter, NH 03833

MIS Insurance, Inc. PO Box 1030 Exeter, NH 03833

Woodward, Wilkens & Foy Insurance, LLC 170 Main Street – Suite #103 Tewksbury, MA 01876

East Kingston Elementary School Andrews Lane East Kingston, NH 03827