

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

Type or Print Clearly

Full Name Robert R Rivard Work Address 30 Spring St Nashua N.H

Primary Occupation Register of Probate e-mail *optional _____ Work Phone 603 424-7844

The office, position, appointment, or employment with state government held by you. Register of Probate
Robert R Rivard
 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. N.H State Employees Retirement
2. _____

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: N/A

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: N/A

<input checked="" 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 checked="" type="checkbox"/> 5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input checked="" type="checkbox"/> 8. Current use land assessment program	<input checked="" type="checkbox"/> 9. Restaurants/ lodging <u>N/A</u>	<input checked="" type="checkbox"/> 10. Sale and distribution of alcoholic beverages <u>N/A</u>	<input checked="" type="checkbox"/> 11. Practice of law <u>N/A</u>
<input checked="" type="checkbox"/> 12. Any business regulated by the Public Utilities Commission <u>N/A</u>	<input checked="" type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling <u>N/A</u>	<input checked="" type="checkbox"/> 14. Education <u>N/A</u>	<input checked="" type="checkbox"/> 15. Water Resources <u>N/A</u>	
<input checked="" type="checkbox"/> 16. Agriculture <u>N/A</u>	<input checked="" type="checkbox"/> 17. N.H. taxes: Business Profits Tax	<input checked="" type="checkbox"/> Business Enterprise Tax	<input checked="" type="checkbox"/> Interest and Dividends Tax	<input checked="" type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- <u>N/A</u>

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 Dec 31, 2010

Robert R Rivard
Signature of Reporting Individual

RECEIVED

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