

Revised

# 2011 FINANCIAL DISCLOSURE FORM FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer  
(circle one)

Beverly A Ferzante  
(print name)

Address

(street)

68 Chester Rd Derry NH 03038

(town/city)

(zip code)

Office held

State Representative County/District Rockingham  
5

Telephone Number

434 8974

## I. Sources of Income

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

1) a) Name of business, profession, or other organization

daughter works @ Derry Recreation Dept  
31 W. Broadway Derry NH 03038  
Derry Municipal

b) Address of organization

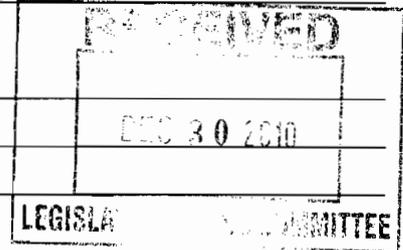
c) Type of organization

2) a) Name of business, profession, or other organization

b) Address of organization

c) Type of organization

(attach additional sheets if necessary)



If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify \_\_\_\_\_.

## II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a family member than other members of a group identified in this form, a Declaration of Intent Form would be required. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.
- (f) State of New Hampshire, county or municipal employment.  
*daughter works for town of Derry NH*
- (g) New Hampshire Retirement System.
- (h) Current use land assessment program.
- (i) Restaurants and lodging.
- (j) Sale and distribution of alcoholic beverages.
- (k) Practice of law.
- (l) Any business regulated by the Public Utilities Commission.
- (m) Horse or dog racing, or other legal forms of gambling.
- (n) Education.
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.
- (r) Other.

I hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

**RSA 14-B:10 Penalty.** Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor.

*[Handwritten Signature]*

Signature of Legislator/Officer

*12 24 2010*

Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.

**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer REP. BOB FESH  
(circle one) (print name)

Address 27 CLAIRE AVE. DERRY 03038  
(street) (town/city) (zip code)

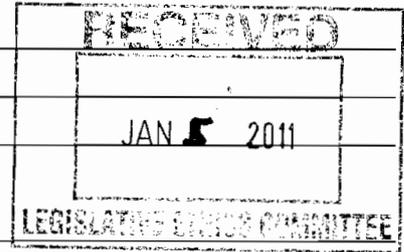
Office held ST. REP County/District ROCK Telephone Number 603-434-1550

**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year. NO

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_
- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_



(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify RMF.  
BF

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

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**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer JACK FLANAGAN  
(circle one) (print name)  
Address 4 SAWTELLE RD BROOKLINE, NH 05033  
(street) (town/city) (zip code)  
Office held REP County/District HILL 5 Telephone Number 603-9750

**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

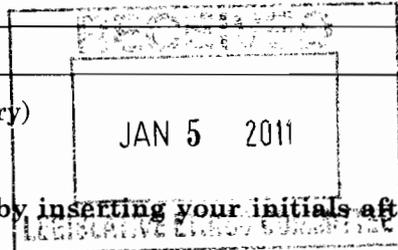
WIFE

- 1) a) Name of business, profession, or other organization REMAX R.E.  
b) Address of organization HOLLIS, NH  
c) Type of organization REAL ESTATE OFFICE

SELF

- 2) a) Name of business, profession, or other organization UNEMPLOYED  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_

(attach additional sheets if necessary)



If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify \_\_\_\_\_.

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

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**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer DONALD H. FLANDERS  
(circle one) (print name)

Address 19 KENSINGTON DR. LACONIA 03246  
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District BLK 4 Telephone Number 524-5369

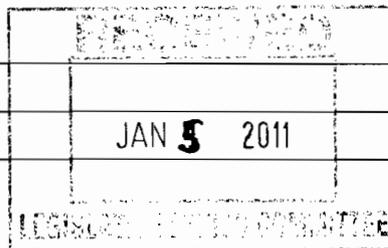
**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

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- 1) a) Name of business, profession, or other organization BYSE AGENCY, INC
- b) Address of organization 208 UNION AVE, LACONIA, NH 03246
- c) Type of organization INSURANCE AGENCY

- 2) a) Name of business, profession, or other organization \_\_\_\_\_
  - b) Address of organization \_\_\_\_\_
  - c) Type of organization \_\_\_\_\_
- (attach additional sheets if necessary)



If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify \_\_\_\_\_.

**II. Disclosure of Financial Interests**

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**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer DENNIS H. FIELDS  
(circle one) (print name)

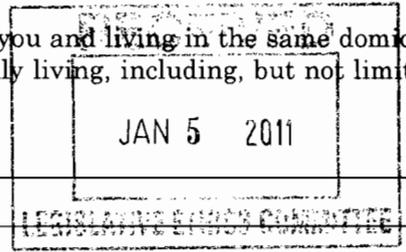
Address 429 Lower Bay Rd Southbury Conn 03269  
(street) (town/city) (zip code)

Office held STATE REP. County/District Belham #2 Telephone Number (603) 525-6224

**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.



- 1) a) Name of business, profession, or other organization N.A.
- b) Address of organization N.A.
- c) Type of organization N.A.

- 2) a) Name of business, profession, or other organization DISABLED WOT.
- b) Address of organization N.A.
- c) Type of organization N.A.

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify DHF.

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
- \_\_\_\_\_
- (b) Health Care.
- \_\_\_\_\_
- (c) Insurance.
- \_\_\_\_\_
- (d) Real estate, including brokers, agents, developers, and landlords.
- \_\_\_\_\_
- (e) Banking or financial services.
- \_\_\_\_\_
- (f) State of New Hampshire, county or municipal employment.
- \_\_\_\_\_
- (g) New Hampshire Retirement System.
- \_\_\_\_\_
- (h) Current use land assessment program.
- \_\_\_\_\_
- (i) Restaurants and lodging.
- \_\_\_\_\_
- (j) Sale and distribution of alcoholic beverages.
- \_\_\_\_\_
- (k) Practice of law.
- \_\_\_\_\_
- (l) Any business regulated by the Public Utilities Commission.
- \_\_\_\_\_
- (m) Horse or dog racing, or other legal forms of gambling.
- \_\_\_\_\_
- (n) Education.
- \_\_\_\_\_
- (o) Water resources.
- \_\_\_\_\_
- (p) Agriculture.
- \_\_\_\_\_
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.
- \_\_\_\_\_
- (r) Other.
- \_\_\_\_\_

*NA*

I hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

**RSA 14-B:10 Penalty.** Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor.

*Pamela H. Felt*  
\_\_\_\_\_  
Signature of Legislator/Officer

*1/5/2011*  
\_\_\_\_\_  
Date

**Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.**

**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer JOSEPH W. FLECK  
(circle one) (print name)

Address 237 POINT RD. E. WAHEFIELD 03830  
(street) (town/city) (zip code)

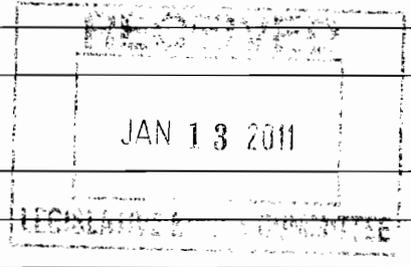
Office held REPRESENTATIVE County/District CARROLL - 5 Telephone Number 522-6741

**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_
  
- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_



(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify JWF.

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

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# 2011 FINANCIAL DISCLOSURE FORM

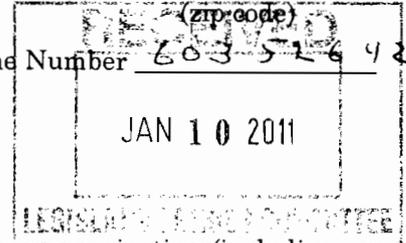
## FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Robert A Foose  
(circle one) (print name)

Address 55 Twin Lake Villa Rd New London 03257  
(street) (town/city) (zip code)

Office held Representative County/District Merrimack #1 Telephone Number 603-526-4256



### I. Sources of Income

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization NH Retirement system  
b) Address of organization Concord NH  
c) Type of organization Retirement Fund for town employees
  
- 2) a) Name of business, profession, or other organization TIAP-CRET  
b) Address of organization Highway 24 Charlotte NC  
c) Type of organization Retirement Fund for educators

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify RF.

### II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

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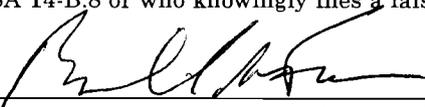
(over)

Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.
- (f) State of New Hampshire, county or municipal employment.
- (g) New Hampshire Retirement System.  
*wife's pension*
- (h) Current use land assessment program.
- (i) Restaurants and lodging.
- (j) Sale and distribution of alcoholic beverages.
- (k) Practice of law.
- (l) Any business regulated by the Public Utilities Commission.
- (m) Horse or dog racing, or other legal forms of gambling.
- (n) Education.  
*TIAA - CREF ANNUITIES*
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.
- (r) Other.

I hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

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\_\_\_\_\_  
Signature of Legislator/Officer

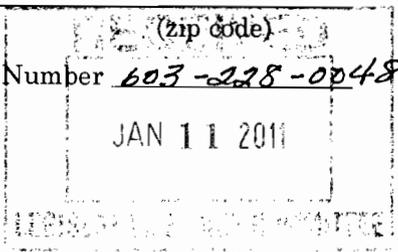
*1-10-11*  
\_\_\_\_\_  
Date

**Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.**

**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer \_\_\_\_\_ Ms. June M. Frazer \_\_\_\_\_  
(circle one) 27 Piscataqua Rd (print name)  
Concord NH 03301  
Address \_\_\_\_\_  
(street) (town/city) (zip code)  
Office held State Representative County/District Merrimack 10 Telephone Number 603-228-0048



**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

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- 1) a) <sup>myself</sup> Name of business, profession, or other organization State Universities Retirement System  
b) Address of organization 1901 Fox Drive, Champaign IL 61820  
c) Type of organization State Retirement System
- 2) a) <sup>husband Timothy C. Frazer</sup> Name of business, profession, or other organization State Universities Retirement System  
b) Address of organization 1901 Fox Drive, Champaign IL 61820  
c) Type of organization State Retirement System

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify \_\_\_\_\_.

**II. Disclosure of Financial Interests**

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- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.
- (f) State of New Hampshire, county or municipal employment.
- (g) New Hampshire Retirement System.
- (h) Current use land assessment program.
- (i) Restaurants and lodging.
- (j) Sale and distribution of alcoholic beverages.
- (k) Practice of law.
- (l) Any business regulated by the Public Utilities Commission.
- (m) Horse or dog racing, or other legal forms of gambling.
- (n) Education. *in Fall, 2010, husband Timothy C. Frazier taught one class as an adjunct at NHTI,*
- (o) Water resources. *connected. This may be out of and on in the future.*
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax.
- (r) Other.

I hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

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*June M. Frazier*  
Signature of Legislator Officer      *January 8, 2011*  
Date

**Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.**

# 2011 FINANCIAL DISCLOSURE FORM

## FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator Officer Robert A. Fredette  
(circle one) (print name)

Address 31 Bog Road Hillsborough 03244  
(street) (town/city) (zip code)

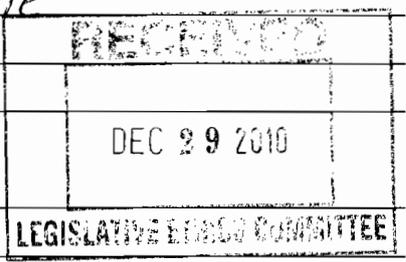
Office held Representative County/District Hills 1 Telephone Number 547-5446

### I. Sources of Income

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization None
- b) Address of organization \_\_\_\_\_
- c) Type of organization \_\_\_\_\_
- 2) a) Name of business, profession, or other organization \_\_\_\_\_
- b) Address of organization \_\_\_\_\_
- c) Type of organization \_\_\_\_\_



(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify RAP.

### II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a family member than other members of a group identified in this form, a Declaration of Intent Form would be required. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

