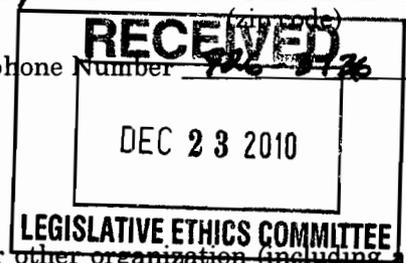


**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**  
As prescribed by RSA 14-B:8

Name of Legislator / Officer CHRISTOPHER F. NEVINS  
(circle one) (print name)  
Address 36 ASHBROOK DRIVE HAMPTON, NH. 03842  
(street) (town/city)  
Office held REPRESENTATIVE County/District ROCKINGHAM Telephone Number 726 5726



**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 LAW OFFICE OF EILEEN A. NEVINS  
b) Address of organization 1 PEARL AVE, UNIT 3-1, HAMPTON, NH. 03842  
c) Type of organization ATTORNEY
  
- 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.

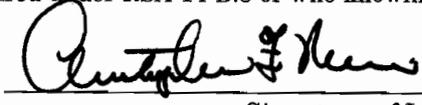
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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.

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.  
*WIFE IS AN ATTORNEY*
- (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.



Signature of Legislator/Officer

*12/21/2010*

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) Cliff Newton  
(circle one) (print name)

Address 168 Old Dover Road Rochester 03867  
(street) (town/city) (zip code)

Office held State Rep County/District Stafford 1 Telephone Number 332-5643

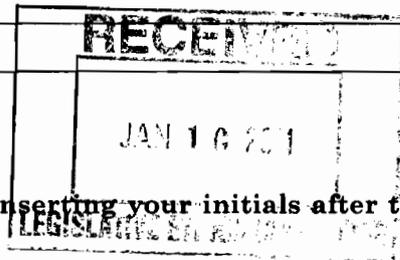
### I. Sources of Income

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 Hamilton Live Poultry  
 b) Address of organization 112 White Hall Rd Rochester  
 c) Type of organization Live Poultry wholesaler
  
- 2) a) Name of business, profession, or other organization State of N.H. DHHS  
 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.

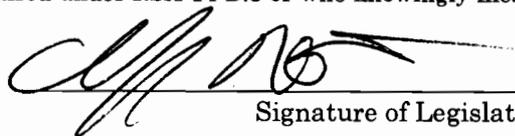
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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.

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.  
*State employee Dept HHS*
- (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.



Signature of Legislator/Officer

*10-26-10*

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

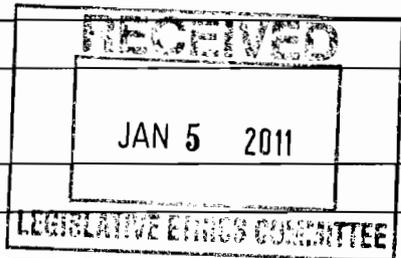
Name of Legislator/Officer SHARON NARDGREN  
(circle one) (print name)  
Address 23 Rope Ferry Rd. Hammon 03755  
(street) (town/city) (zip code)  
Office held leg. County/District Jefferson 9 Telephone Number 643 5068

**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 SN.

**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.
- (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.

*Rep. Sharon Norje* 1/4/11  
Signature of Legislator/Officer 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 Terie Norelli  
(circle one) (print name)  
Address 35 Middle Rd, Portsmouth 03801  
(street) (town/city) (zip code)  
Office held State Rep County/District Rock 16 Telephone Number 436-2108

### I. Sources of Income

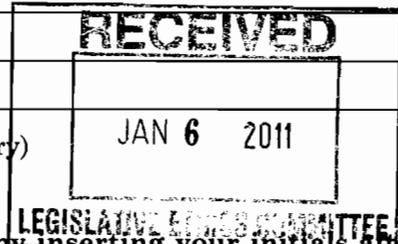
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 pilot US Airways  
b) Address of organization Phoenix AZ  
c) Type of organization airline industry

- 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)



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

As prescribed by RSA 14-B:8

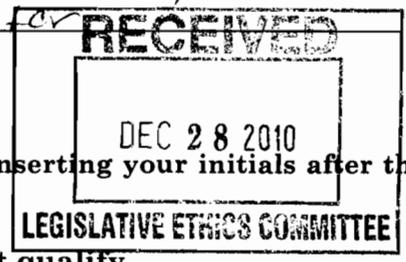
Name of Legislator/Officer Searine M. Natter  
(circle one) (print name)  
Address 19 Whittier Rd Merrimack 03054  
(street) (town/city) (zip code)  
Office held State Rep County/District Hillsborough #19 Telephone Number 423-2468

**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.

- Husband 1) a) Name of business, profession, or other organization BAL Systems  
b) Address of organization P.O. Box 868, PTPI-2243 Nashua  
c) Type of organization Defense Contractor
- Son 2) a) Name of business, profession, or other organization Insight Technology  
b) Address of organization 9 Akira Way Londonderry  
c) Type of organization Def. DOD Contractor
- Daughter 3) Animal Hospital at Nashua  
168 Main Dunstable Road  
Animal Hosp.



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 Lynne Ober  
(circle one) (print name)

Address 3 Heritage Circle Hudson 03057  
(street) (town/city) (zip code)

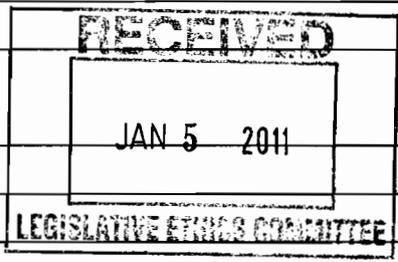
Office held State Rep County/District Hills 27 Telephone Number 883-9654

### 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 Faculty
- b) Address of organization UNH
- c) Type of organization education
  
- 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.

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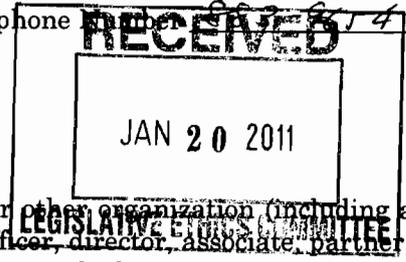


**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**  
As prescribed by RSA 14-B:8

Name of Legislator/Officer Russell T. Osborne  
(circle one) (print name)

Address 3 HERITAGE CIRCLE HUDSON 03051  
(street) (town/city) (zip code)

Office held State Rep County/District 14/15 Telephone Number 603-887-4



**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 NHETS
- b) Address of organization \_\_\_\_\_
- c) Type of organization retirement
  
- 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.

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- (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.  
*retired teacher*
- (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.

*Russell J. Ober*  
\_\_\_\_\_  
Signature of Legislator/Officer

*1/19/11*  
\_\_\_\_\_  
Date

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

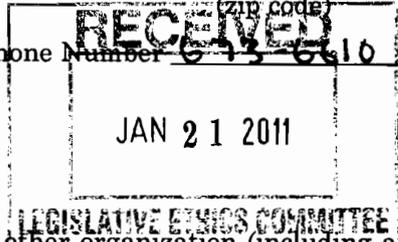
**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer William L. O'Brien  
(circle one) (print name)

Address 9 Southview Drive, Mont Vernon, NH 03057  
(street) (town/city) (zip code)

Office held State Representative County/District Hillsborough 4 Telephone Number 603-830-6110



**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 Law Office of William L. O'Brien  
b) Address of organization 88 North Main St, Ste. 209, Concord, NH 03301  
c) Type of organization Law Firm
  
- 2) a) Name of business, profession, or other organization Fidelity Investments  
b) Address of organization 44 Mall Road, Burlington, MA 01803  
c) Type of organization Investment Brokerage / Mutual Funds

(attach additional sheets if necessary)

- 3) LaSirena Rental Property  
Mandahl Rd., St. John, Virgin Islands  
Private Rental Property

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.

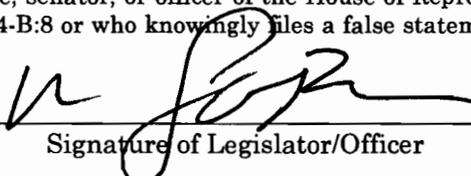
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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.

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- (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.

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.

  
Signature of Legislator/Officer

1/21/2011  
Date

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

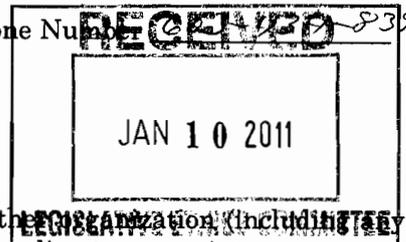
**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer John T. O'Connor  
(circle one) (print name)

Address 13 Arrowhead Rd Derry 03038  
(street) (town/city) (zip code)

Office held REP County/District 5 Telephone Number 8393



**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including 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 Deen Foods Company  
b) Address of organization 2711 North Haskell Ave Suite 3400 Dallas TX 75204  
c) Type of organization Food + Beverage
  
- 2) a) Name of business, profession, or other organization Contract Attorney  
b) Address of organization Department of Justice  
c) Type of organization Legal

(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.

(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.

*Currently own Shares of STOCKS*

(q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax.

(r) Other.

*Board of Nursing & Board of Barbering, Cosmetology & Esthetics*

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

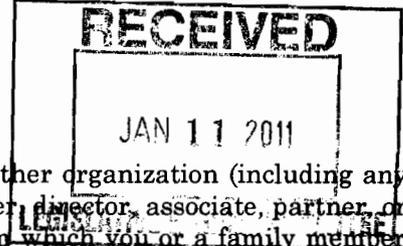
**RSA 14-B:10 Penalty.** Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor.

*John T. Jones*  
Signature of Legislator/Officer *Jan 10, 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 William O'Connor  
(circle one) (print name)  
Address 145 Beauty Hill Rd Barrington 03825  
(street) (town/city) (zip code)  
Office held Representative County/District Stafford 3 Telephone Number 603-664-5457



**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 American Eagle Airlines  
b) Address of organization DFW Airport, TX  
c) Type of organization Airline
  
- 2) a) Name of business, profession, or other organization Stone Brook Appraisals  
b) Address of organization Hacksett, NH 03106  
c) Type of organization Real Estate Appraiser

(attach additional sheets if necessary)

3. Rental Income  
46 Exeter Rd Hampton, NH, 03842

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.  
*Appraiser, Landlord*
- (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.  
*Substitute teacher*
- (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.

*William O'Connor*  
\_\_\_\_\_  
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 Bill O'Hara  
(circle one) (print name)  
Address 18 MT. LAURELS DRIVE APT 403, NASHUA, NH 03062  
(street) (town/city) (zip code)  
Office held Representative County/District Hillsborough 26 Telephone Number 891-2306

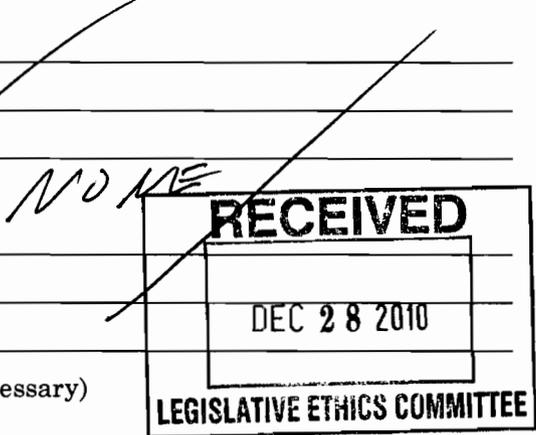
**I. Sources of Income**

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 W. O'H

**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.  
*- NONE -*
- (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.

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.

*Walter H. Dru* *12/21/10*  
\_\_\_\_\_  
Signature of Legislator/Officer 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

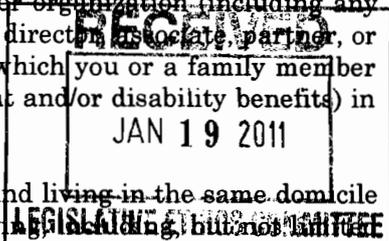
Name of Legislator/Officer Richard Okerman  
(circle one) (print name)

Address 3A Marblehead Rd Windham NH 03087  
(street) (town/city) (zip code)

Office held State Rep County/District Rock 4 Telephone Number 603-893-7705

**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 business, to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization GMO
  - b) Address of organization 40 Rowe Wharf, Boston MA
  - c) Type of organization Private investment Company
  
  - 2) a) Name of business, profession, or other organization DataWatch Corporation
  - b) Address of organization 271 Mill Rd, Chelmsford, MA
  - c) Type of organization Software company
- (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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- (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.  
\_\_\_\_\_

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.

  
Signature of Legislator/Officer

1/20/11  
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 Jeffrey D. O'Leary  
(circle one) (print name)

Address 35 Forrest Street E Hampstead 03826  
(street) (town/city) (zip code)

Office held Representative County/District Rockingham/08 Telephone Number 205-351-8003

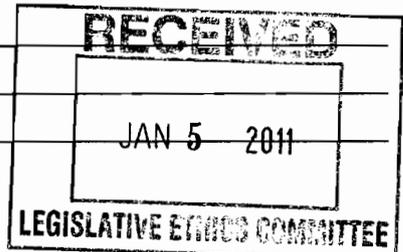
**I. Sources of Income**

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 Raytheon Company
- b) Address of organization 225 Presidential Way Woburn, MA 01801-5143
- c) Type of organization Defense Contractor

- 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.

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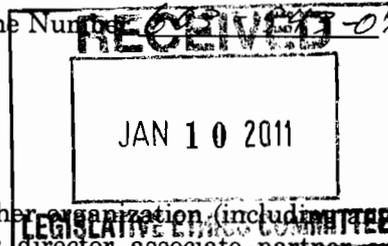
**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer PHILIP (JOE) OSGOOD SR.  
(circle one) (print name)

Address 19 WHITCOMB LANE CLAREMONT 03743  
(street) (town/city) (zip code)

Office held STATE REP County/District SUL 4 Telephone Number 603-246-0462



**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including 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 JOE'S FAMILY CAR CARE LLC  
b) Address of organization 96 SUMMER ST CLAREMONT NH  
c) Type of organization AUTO REPAIR
  
- 2) a) Name of business, profession, or other organization JOE + ELAINE PROPERTY LLC  
b) Address of organization 96 SUMMER ST CLAREMONT NH  
c) Type of organization APARTMENT RENTAL

(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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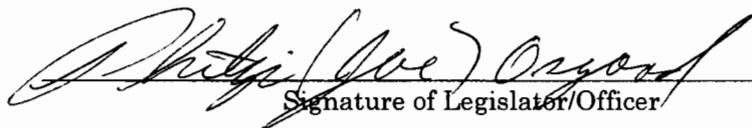
(over)

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.  
2 LLCs LISTED ON FRONT
- (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.  
LISTED ON FRONT
- (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.

  
Signature of Legislator/Officer

1/7/2011  
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 REP DEARL OWEN  
(circle one) (print name)

Address 500 BROOKWAY RD Hopkinton, NH 03229  
(street) (town/city) (zip code)

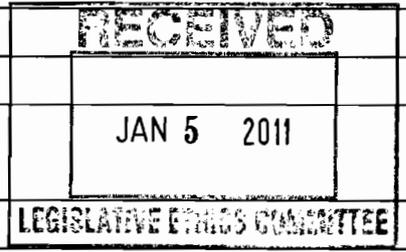
Office held REPRESENTATIVE County/District WEEK/4 Telephone Number 225-2252

**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 POW.

**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.
- (g) New Hampshire Retirement System.
- (h) Current use land assessment program. *FARM & CROPLAND UNDER CURRENT USE*
- (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. *HAVE A SMALL FAMILY FARM*
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax.  
*FARM & CROPLAND ARE LIABLE*
- (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.

*Rep David Owen*  
Signature of Legislator/Officer *Jan 4 2011*  
Date

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