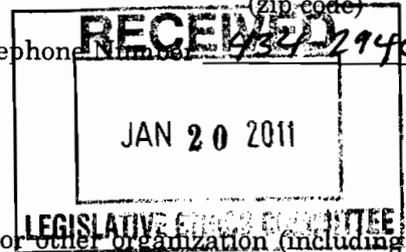


2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Daniel Tamburello
(circle one) (print name)
Address 3 Royal Ln Londonderry, NH 03053
(street) (town/city) (zip code)
Office held HoR County/District Rockingham 3 Telephone Number 934 2940



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 MITRE CORP.
b) Address of organization 202 BURLINGTON RD BEDFORD MA 01430
c) Type of organization Federally Funded Research & Development Corporation

- 2) a) Name of business, profession, or other organization Department of Defense, United States Marine Corps.
b) Address of organization Pentagon, Washington Navy Yard, Washington, D.C.
c) Type of organization US MILITARY Reserves.

(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.

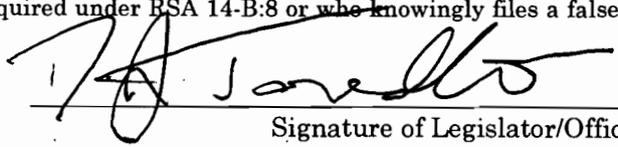
Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- (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.
- (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. NONE APPLY ABOVE

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

8 JAN 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 Kyle J. Tasker
 (circle one) (print name)

Address 19 Tasker Cross Road, P O Box 500, Northwood, NH 03261
 (street) (town/city) (zip code)

Office held Representative County/District Rockingham District 1 Telephone Number 603-724-4716

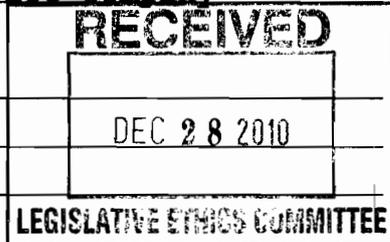
I. Sources of Income

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 Tasker's Well Co., Inc.
- b) Address of organization 29 Tasker Cross Road, Northwood, NH 03261
- c) Type of organization Well Drilling & Pump Service company

- 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.
Tasker's Well Co., Inc. - water well drilling, pump service
- (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.
Water Well Drilling and Pump Service
- (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 12/27/10
Date

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

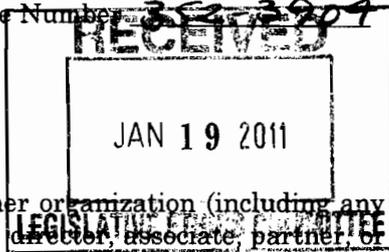
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer BRUCE L. TATRO
(circle one) (print name)

Address 208 OLD RICHMOND RD SWANZEY NH.
(street) (town/city) (zip code)

Office held LEGISLATOR County/District CHESHIRE 6 Telephone Number 352-3907



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, 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 NEW HAMPSHIRE RETIREMENT SYS.
b) Address of organization _____
c) Type of organization _____

- 2) a) Name of business, profession, or other organization SAU 38 MI CEASAR SCHOOL
b) Address of organization OLD HOMESTEAD HWY SWANZEY NH
c) Type of organization SCHOOL

(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.
TATRO TRUCKING
- (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.
SWANZEY SELECTMEN.
- (g) New Hampshire Retirement System.
WIFE & I ARE ACTIVE MEMBERS.
- (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.
WIFE IS ELEMENTARY PRINCIPAL.
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes: Business Profits Tax, Business Enterprise Tax, Interest and Dividends Tax.
NOT SURE IF I HAVE TO PAY
- (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.

Bruce J. ToD 1-19-11
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 Kathleen N Taylor
(circle one) (print name)
Address 113 Kern Road Franconia 03580
(street) (town/city) (zip code)
Office held Representative County/District Grafton 2 Telephone Number 823-8158

I. Sources of Income

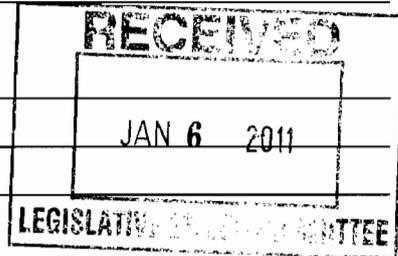
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Prudential Financial
- b) Address of organization Newark, NJ
- c) Type of organization business

- 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.

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2011 FINANCIAL DISCLOSURE FORM

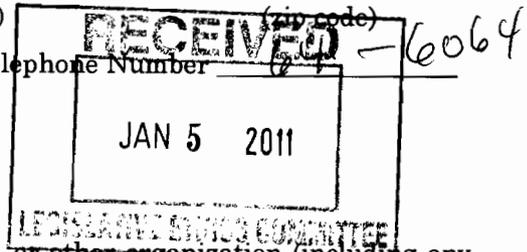
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer ROSS TERRIO
(circle one) (print name)

Address 130 South CYPRESS St. Manchester 03103
(street) (town/city) (zip code)

Office held State Rep. County/District Hills. 14 Telephone Number 6064



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 Pharmacy at CMCHosp, NH
- b) Address of organization 106 Mt GREGOR ST. Manchester
- c) Type of organization HOSPITAL

- 2) a) Name of business, profession, or other organization Law
- b) Address of organization 130 South CYPRESS St.
- 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.

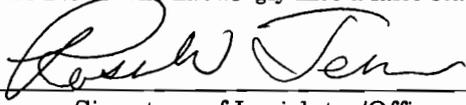
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

 1-5-11
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

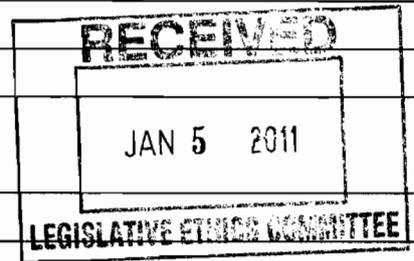
Name of Legislator/Officer THEBERGIE, ROBERT L
(circle one) (print name)
Address 30 OXFORD ST. BERLIN 03570-0271
(street) (town/city) (zip code)
Office held REP. County/District COOS/H Telephone Number 752 5672

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 RSJ

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 John E. Tholl Jr.
(circle one) (print name)

Address 41 Kimball Hill Road Whitefield 03598
(street) (town/city) (zip code)

Office held Representative County/District Cous 2 Telephone Number 837-2278

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.

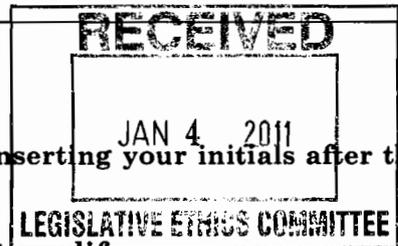
- 1) a) Name of business, profession, or other organization NH STATE Retirement
b) Address of organization Concord NH
c) Type of organization _____

- 2) a) Name of business, profession, or other organization TOWN OF DALTON
b) Address of organization 756 DALTON RD, DALTON NH
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.

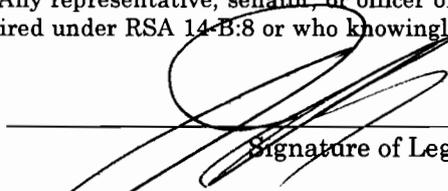
(over)

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.
PART TIME POLICE CHIEF
- (g) New Hampshire Retirement System.
Retired
- (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

1/4/11

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 JOSEPH D. THOMAS
(circle one) (print name)

Address 5 SANDPIPER LN. MERRIMACK, NH 03054
(street) (town/city) (zip code)

Office held State Rep County/District Hillsb. 19 Telephone Number 881-9228

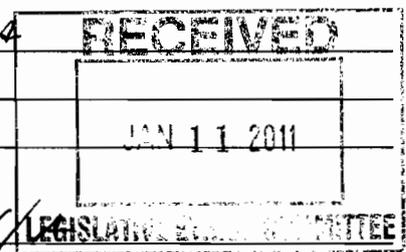
I. Sources of Income

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 _____
- c) Type of organization _____

- 2) a) Name of business, profession, or other organization N/A
- 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 JT.

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.

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 Thomas THOMAS
(circle one) (print name)
Address 557 Norway BERLIN 03570
(street) (town/city) (zip code)
Office held _____ County/District COOS Telephone Number 603-752-1816

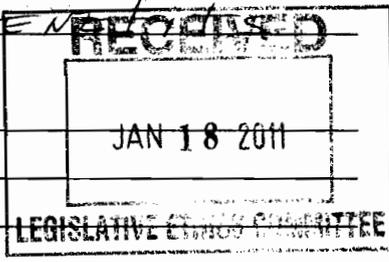
I. Sources of Income

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 STATE OF N. H.
- b) Address of organization _____
- c) Type of organization RETIREMENT BENEFITS

- 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.
- (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

12-23-2010
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 Franklin T Tilton
(circle one) (print name)

Address 56 Orchard St Laconia 03246
(street) (town/city) (zip code)

Office held Representative County/District Belknap 4 Telephone Number 528-8466

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 _____ | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED

 JAN 18 2011 </div> |
| b) Address of organization _____ | |
| c) Type of organization _____ | |
| 2) a) Name of business, profession, or other organization _____ | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> LEGISLATIVE ETHICS COMMITTEE </div> |
| 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 FTT.

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. *receiving Retirement benefits;
less than \$10,000 per year*
- (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.

Franklin T. Tilton

Signature of Legislator/Officer

1/14/11

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 B Tobin
(circle one) (print name)

Address 457 KNOX MT RD. SANBORNTON 03269
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District BELKNAP #2 Telephone Number 603-934-5946

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.

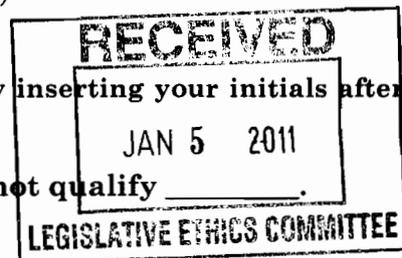
- 1) a) Name of business, profession, or other organization WATERLOO INSPECTION SERVICE
b) Address of organization 457 KNOX MT RD SANBORNTON 03269
c) Type of organization BUILDING / HOME INSPECTION SERVICE

- 2) a) Name of business, profession, or other organization LANDLORD
b) Address of organization 457 KNOX MT RD SANBORNTON 03269
c) Type of organization APARTMENT RENTALS

(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.
HOME INSPECTION SERVICE. LIC. #79
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.
LANDLORD
- (e) Banking or financial services.
- (f) State of New Hampshire, county or municipal employment.
HEALTH OFFICER - SANBORNTON
- (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.

 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 Charles (Chuck) Townsend
(circle one) (print name)

Address 49 Hall Rd, Canada 03741-7408
(street) (town/city) (zip code)

Office held Rep. County/District Grafton 10 Telephone Number 603 381-6316

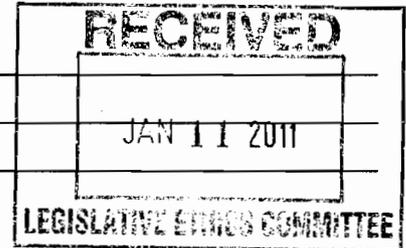
I. Sources of Income

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 Dartmouth-Hitchcock Med Center
b) Address of organization One Medical Center Drive, Lebanon, NH
c) Type of organization academic medical center

- 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.
We collect rent from two properties
- (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.
We have ~ 50 acres assessed as 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.
- (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.

Charles Z...
Signature of Legislator/Officer *11 Jan 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 Norman Tregenza
(circle one) (print name)

Address P.O. Box 146 Silver Lake 03875
(street) (town/city) (zip code)

Office held Representative County/District Carroll-2 Telephone Number 733-6736

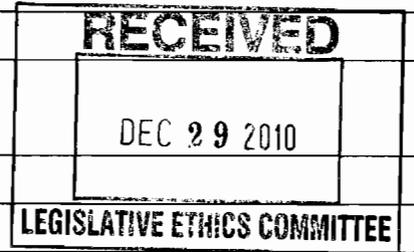
I. Sources of Income

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 _____
- 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 mat.

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.
I am a certified school teacher.
- (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.

Norman A. Ferguson 29 December 2010
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 MARC D Tremblay
(circle one) (print name)

Address 15 HASKELL St. BERLIN 03570
(street) (town/city) (zip code)

Office held _____ County/District _____ Telephone Number _____

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.

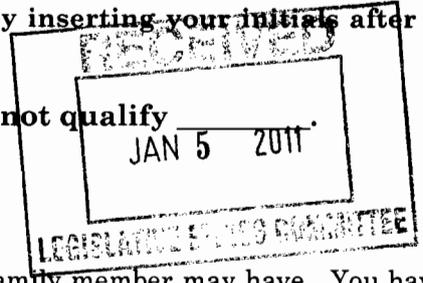
For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization PSNH
b) Address of organization 68 Jericho Road Berlin, NH
c) Type of organization Electric Utility

- 2) a) Name of business, profession, or other organization WMCC State of NH
b) Address of organization Riverside Drive Berlin, NH
c) Type of organization Community College (WIFE)
(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: *wife, Administration Assistant*

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
HR FOR WMCC in Berlin
- (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.

Marc Tremblay 01/05/11
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 Stella Tremblay
(circle one) (print name)

Address 50 Westminster Lane AUBURN, NH 03032-3840
(street) (town/city) (zip code)

Office held Represent County/District 3rd Rockingham Telephone Number 603 587-0246

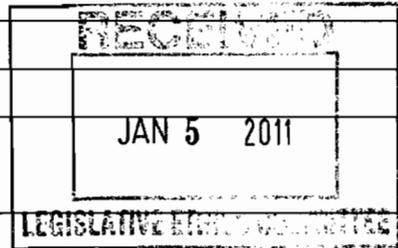
I. Sources of Income

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 ST.

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.

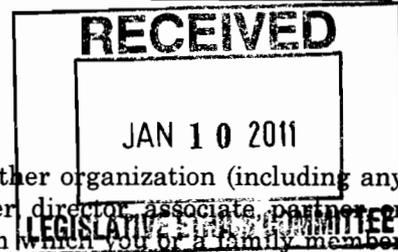
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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 Pamela Tucker
(circle one) (print name)
Address 15 Eagle Court Greenland, NH 03840
(street) (town/city) (zip code)
Office held Representative County/District Rock-17 Telephone Number 431.8982



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, 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 Basilea Pharmaceuticals
b) Address of organization Basel, Switzerland
c) Type of organization Pharmaceutical Company

- 2) a) Name of business, profession, or other organization rental property
b) Address of organization Newmarket, NH
c) Type of organization 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.

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.
Pharmaceuticals
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.
have a rental property
- (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.
Self employed and have int'l income in NH
- (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.

Samuel Seeler
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 Timothy Wambly
(circle one) (print name)
Address 120 East Hobart Street Nashua 03060
(street) (town/city) (zip code)
Office held State Representative County/District 25 Telephone Number 888-4466

I. Sources of Income

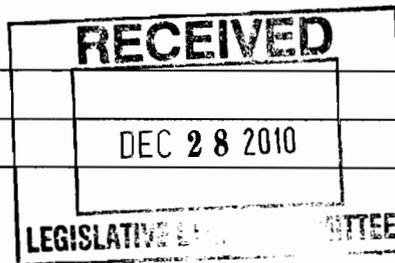
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 BAE Systems
b) Address of organization 95 Canal Street Nashua N.H.
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.

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.

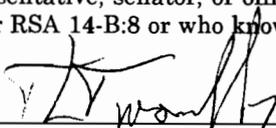
(over)

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.
- (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.

 12/24/2010
Signature of Legislator/Officer Date

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