

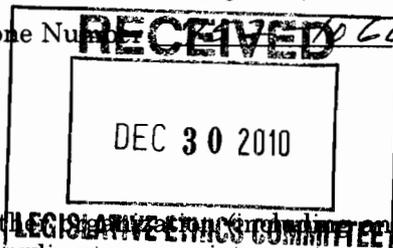
**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer John Gallus  
(circle one) (print name)

Address 292 PROSPECT ST BERLIN 03570  
(street) (town/city) (zip code)

Office held Senator County/District 1 Telephone Number 603 261 2024



**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other activity (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 GALLUS & GREEN REALTORS  
b) Address of organization 180 MAIN ST BERLIN, NH. 03570  
c) Type of organization REAL ESTATE SALES
  
- 2) a) Name of business, profession, or other organization ANDROSOGGIN APPRAISAL ASSOC.  
b) Address of organization 180 MAIN ST BERLIN NH. 03570  
c) Type of organization REAL ESTATE APPRAISAL

(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.

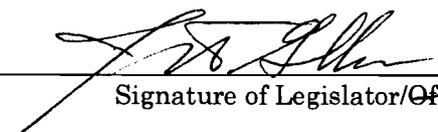
(over)

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.

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

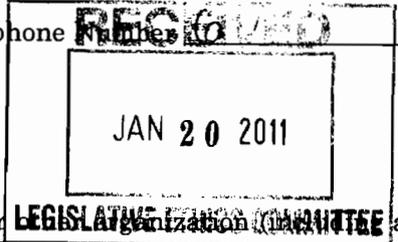
10/29/10  
\_\_\_\_\_  
Date

**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 Jeanie Forrester  
(circle one) (print name)  
Address 78 Tracy Way Meredith NH 03253  
(street) (town/city) (zip code)  
Office held Senate County/District 2 Telephone 603-888-6000



**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or organization (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 Forrester Environmental Services Inc  
b) Address of organization 78 Tracy Way Meredith NH 03253  
c) Type of organization environmental technologies for hazardous waste
  
- 2) a) Name of business, profession, or other organization Municipal Resources Inc  
b) Address of organization 120 Dwy Highway, Meredith NH 03253  
c) Type of organization consulting to towns

(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

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 Job Bradley  
(circle one) (print name)  
Address 630 S. Main St. Walpole N.H. 03894  
(street) (town/city) (zip code)  
Office held Senate County/District 3 Telephone Number 387-2365

I. Sources of Income

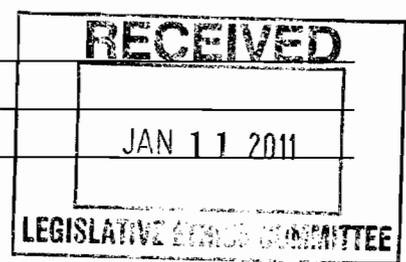
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which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

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

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public.

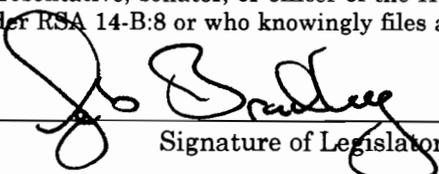
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
- (b) Health Care. See Attachment
- (c) Insurance. See Attachment
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services. See Attachment
- (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. See Attachment
- (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. See Attachment

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 1/11/11 Date

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

Attachment to Ethics Form January 11, 2011

Sources of Income

1. Municipal Bond: Manchester NH SCH FACS
2. Municipal Bond: Cypress Fairbanks Texas
3. Municipal Bond: New Hampshire ST CAP
4. Municipal Bond: Nashua New Hampshire CAP IMPT
5. Municipal Bond: Keene New Hampshire
6. Municipal Bond: St. Paul Minnesota HSG-RDA HLTH
7. Municipal Bond: Portsmouth New Hampshire CAP IMPT
8. Municipal Bond: Maine MUN BD BK

Disclosure of Financial Interests

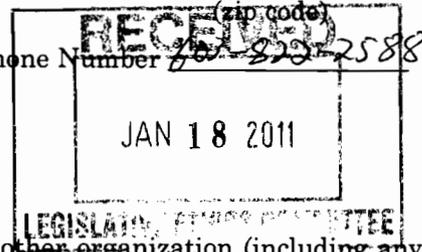
- b. Health Care: Stocks held – Avon, Bristol Meyers, Pfizer, Johnson and Johnson,
- c. Insurance: Stocks Held – Aetna, Berkshire Hathaway, Chubb, WellPoint, Travelers
- e. Banking or Financial Services: Stocks Held --- Capital One
- i. Any business regulated by the PUC; Stocks Held --- Verizon, ATT
- r. Other: Own property in the Shoreland District, Beneficiary of Family Trust



**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 James Russell Forsythe  
(circle one) (print name)  
Address 51 Lakeshore Dr Stratford NH 03884  
(street) (town/city) (zip code)  
Office held State Senate County/District 4 Telephone Number 603-823-2588



**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 University of New Hampshire  
b) Address of organization Kingbury Hall, W101, Durham NH 03824  
c) Type of organization State University
  
- 2) a) Name of business, profession, or other organization St Paul's school  
b) Address of organization 350 Pleasant Ave, Concord NH 03301  
c) Type of organization Private 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.

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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. *UNH*
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.
- (r) Other.

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

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

*[Handwritten Signature]* *11 Jan 2011*  
\_\_\_\_\_  
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 Matthew Houde  
(circle one) (print name)

Address PO Box 66 Meriden 03770  
(street) (town/city) (zip code)

Office held Senate County/District 5 Telephone Number (4) 504-2744

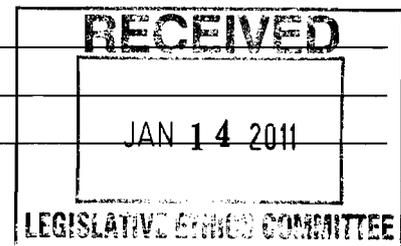
**I. Sources of Income**

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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 Vermont Law School  
b) Address of organization PO Box 96, South Royalton, VT 05068  
c) Type of organization educational

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



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

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

**II. Disclosure of Financial Interests**

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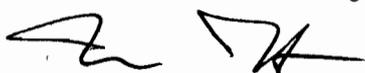
(over)

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.  
*Licensed in NH, but not practicing*
- (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.

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

*1-13-11*  
\_\_\_\_\_  
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 Fenton Groen  
(circle one) (print name)

Address 75 Chapman Dr Rochester 03839  
(street) (town/city) (zip code)

Office held Senate County/District 6 Telephone Number 603-817-9352

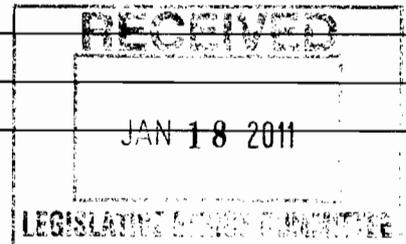
**I. Sources of Income**

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

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- 1) a) Name of business, profession, or other organization Groen Builders, Inc  
b) Address of organization 75 Chapman Dr, Rochester NH 03839  
c) Type of organization Construction 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.

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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.  
*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.

*Own majority shares of a NH S-corp, 2 LLC's  
Construction, development.  
Green Builders, Inc, MBIA Development LLC, FCOT, LLC.*

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

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Legislator/Officer Date

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

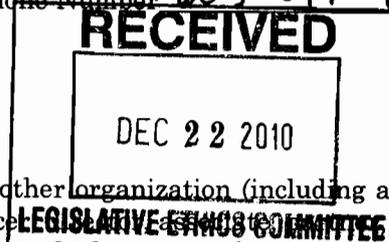
**2011 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer RAYMOND WHITE  
(circle one) (print name)

Address PO BOX 10487 BEDFORD, NH 03110-0487  
(street) (town/city) (zip code)

Office held STATE SENATE County/District 9 Telephone Number 603-647-9136



**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, 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 LINCOLN FINANCIAL CORP  
b) Address of organization 163 SOUTH RIVER RD, BEDFORD, NH 03110  
c) Type of organization BROKER / DEALER FINANCIAL
  
- 2) a) Name of business, profession, or other organization CORNERSTONE BENEFIT AND RETIREMENT GROUP, INC  
b) Address of organization PO BOX 10487 BEDFORD, NH 03110-0487  
c) Type of organization INSURANCE / FINANCIAL SERVICES

(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.  
INSURANCE AGENCY, SECURITIES REGISTERED REP
- (b) Health Care.  
SELL EMPLOYEE BENEFITS INCLUDING HEALTH INSURANCE
- (c) Insurance.  
LIFE, ACCIDENT AND HEALTH LICENSED
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.  
FINANCIAL SERVICES - SERIES 6, 63, 65 AND 26 LICENSED
- (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.  
HAVE PAID ALL 3 CATEGORIES IN THE PAST
- (r) Other.  
GUARDIANSHIP OVER A DISABLED SON, INCLUDING FINANCIAL AFFAIRS

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.

 12/22/2010

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

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

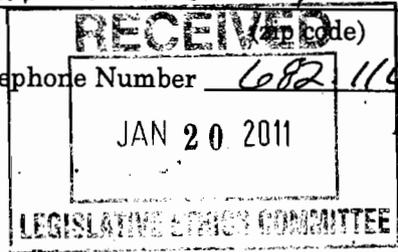
**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator ~~Officer~~ Andy Saxeorn  
(circle one) (print name)

Address P.O. Box 7893, Loudon NH 03307  
(street) (town/city) (zip code)

Office held SENATE County/District 7 Telephone Number 603.211.65



**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 THE DRAFT, LLC  
b) Address of organization PO. Box 7893, Loudon, NH  
c) Type of organization RESTAURANT
  
- 2) a) Name of business, profession, or other organization Campy, LLC, THE BEST REVENGE, LLC  
b) Address of organization PO. BOX 7893, LOUDON, NH  
c) Type of organization REAL ESTATE

(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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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.  
OWN REAL ESTATE
- (e) Banking or financial services.
- (f) State of New Hampshire, county or municipal employment.  
STATE SENATOR
- (g) New Hampshire Retirement System.
- (h) Current use land assessment program.
- (i) Restaurants and lodging.  
OWN RESTAURANT
- (j) Sale and distribution of alcoholic beverages.  
I SELL ALCOHOL
- (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.  
BUSINESS OWNER
- (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

1.19.11

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 Bob Odell  
(circle one) (print name)  
Address PO Box 23, LEMMONSTER, NH 03605  
(street) (town/city) (zip code)  
Office held Senate County/District 8 Telephone Number 477-9797

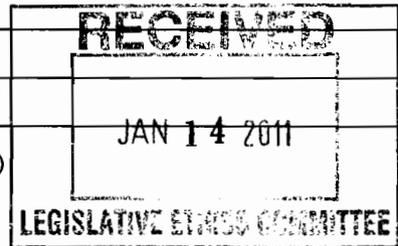
**I. Sources of Income**

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 ODELL, Simms + Lynch  
b) Address of organization 7704 LEESBURK PIKE, Falls Church, VA  
c) Type of organization CONSULTING - FUND RAISING 22043

- 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.



# 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 Molly M. Kelly  
(circle one) (print name)

Address 89 Colonial Dr., Keene, NH 03431  
(street) (town/city) (zip code)

Office held Senator County/District 10 Telephone Number 603-491-3502

### 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.

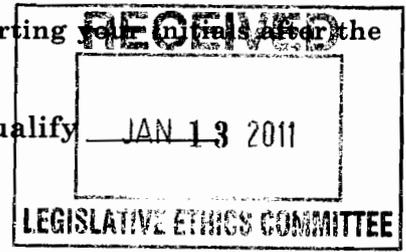
For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization Education Strategic & Innovative
- b) Address of organization 89 Colonial Dr. Keene, NH Consulting
- c) Type of organization Self-Employed: Consulting
  
- 2) a) Name of business, profession, or other organization America's International College
- b) Address of organization Springfield, Ma.
- c) Type of organization College / husband Men's Baseball Coach

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting **YES** in the box 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.

*Consulting Business (self) College Coaching (husband)*

(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]*  
\_\_\_\_\_  
Signature of Legislator/Officer      *1/13/11*  
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 Peter Bragdon  
(circle one) (print name)

Address P.O. Box 488 Milford 03055  
(street) (town/city) (zip code)

Office held Senate County/District 11 Telephone Number 271-8472

## 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>RECEIVED</b>  JAN 19 2011
b) Address of organization _____	
c) Type of organization _____	
2) a) Name of business, profession, or other organization _____	<b>LEGISLATIVE ETHICS COMMITTEE</b>
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 ✓ PB

## 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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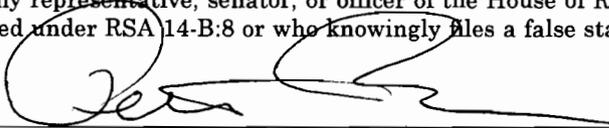
(over)

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.

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

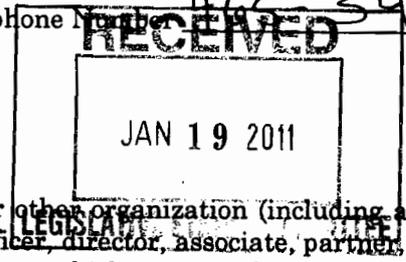
11/13/11  
\_\_\_\_\_  
Date

**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 Jim Luther  
(circle one) (print name)  
Address 92 Travis Lane Hollis NH 03049  
(street) (town/city) (zip code)  
Office held Senator County/District 12 Telephone No. 603-342-3421



**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 Nashua Community College  
b) Address of organization 505 Amherst Street Nashua, NH 03063  
c) Type of organization Community College
  
- 2) a) Name of business, profession, or other organization Grace Fellowship Church  
b) Address of organization 8 Franklin Street Nashua, NH 03064  
c) Type of organization Church

(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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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.

I am a private investor

(f) State of New Hampshire, county or municipal employment.

My wife is a state employee at Nashua Community College

(g) New Hampshire Retirement System.

My wife is a state employee at Nashua Community College

(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

My wife is a professor at Nashua Community College

(o) Water resources.

(p) Agriculture.

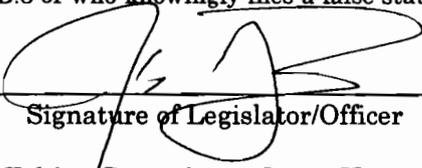
(q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.

I am a private investor

(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

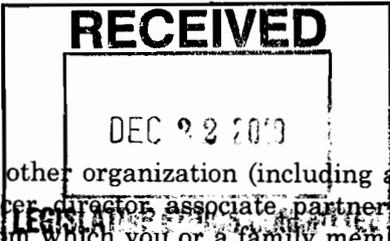
1/19/11  
Date

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 GARY E. Lambert  
(circle one) (print name)  
Address 32 Columbia Ave, NASHUA, NH 03064  
(street) (town/city) (zip code)  
Office held SENATOR County/District 13 Telephone Number 438-6333



**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 Lambert & Assoc.  
b) Address of organization 92 State St, Boston, MA 02109  
c) Type of organization LAW FIRM
  
- 2) a) Name of business, profession, or other organization Wesiman, Tessier, Lambert & Halloran  
b) Address of organization 34 Broad St., NASHUA, NH 03064  
c) Type of organization Financial Planning

(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.

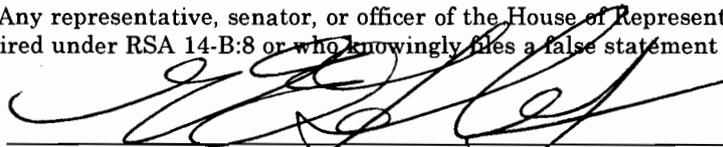
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- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.  
LAW, Attorney; Financial Advisor
- (b) Health Care.
- (c) Insurance.  
Broker
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.  
Investment Advisor
- (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.  
LAW FIRM
- (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  
LAW FIRM; Financial Advisor
- (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

2011.10  
 \_\_\_\_\_  
 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 M. Cason  
(circle one) (print name)

Address 19 Tokanel Rd London derry 03053  
(street) (town/city) (zip code)

Office ~~held~~ SH 106 County/District 14 Telephone Number 271-2674

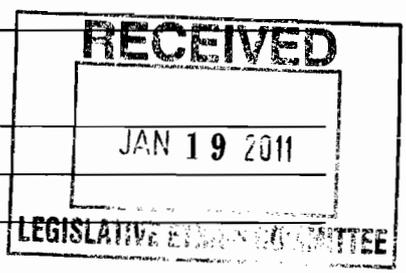
**I. Sources of Income**

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 Dept. of Housing & Urban Develop<sup>ment</sup>  
b) Address of organization Norris Cotton Bldg, Manchester, NH  
c) Type of organization Federal

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.  
*Nashua Community College - Part time Adjunct Professor*
- (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.

*Sharon M. Carson*

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 SEN. SYLVIA B. LARSEN  
(circle one) (print name)

Address 23 KENSINGTON RD CONCORD 03301  
(street) (town/city) (zip code)

Office held SENATE County/District 15 Telephone Number 271-3207

### 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.

- |                              |
|------------------------------|
| RECEIVED                     |
| JAN 3 2011                   |
| LEGISLATIVE ETHICS COMMITTEE |
- 1) a) Name of business, profession, or other organization NONE
  - b) Address of organization \_\_\_\_\_
  - c) Type of organization \_\_\_\_\_
  
  - 2) a) Name of business, profession, or other organization " / "
  - b) Address of organization \_\_\_\_\_
  - c) Type of organization \_\_\_\_\_

(attach additional sheets if necessary)

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

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

### 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.  
HUSBAND, OF COUNSEL, RETIRED
- (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.  
NO GREATER INTEREST THAN OTHER TAXPAYERS
- (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.

Emma B. Hansen      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 David Boutin  
(circle one) (print name)  
Address 1465 Hooksett Rd #80 Hooksett 03106  
(street) (town/city) (zip code)  
Office held Senator County/District 16 Telephone Number 603-203-5391

**I. Sources of Income**

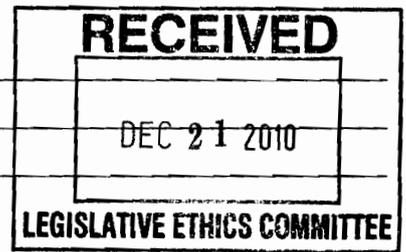
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Manchester School Dist.
- b) Address of organization Manchester, N.H.
- c) Type of organization City School District

- 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.  
*Wife is a Contributor to 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.  
*Wife is a teacher at Mandosfer School Dist.*
- (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.

*Camil Banta*  
Signature of Legislator/Officer      *12/20/10*  
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 JOHN S. BARNES, JR.  
 (circle one) (print name)

Address P.O. BOX 362 RATONAH   
 (street) (town/city) (zip code)

Office held SENATE County/District 17 Telephone Number 895-7312

**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 _____<br>b) Address of organization _____<br>c) Type of organization _____ | <b>RECEIVED</b><br><br>DEC 28 2010<br><br><b>LEGISLATIVE ETHICS COMMITTEE</b> |
| 2) a) Name of business, profession, or other organization _____<br>b) Address of organization _____<br>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 JB.

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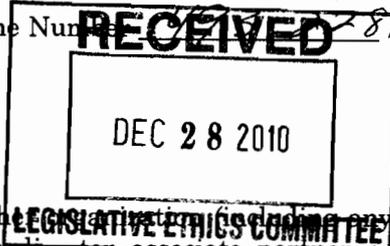
# 2011 FINANCIAL DISCLOSURE FORM FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer THOMAS DEBLOIS  
(circle one) (print name)

Address 824 S. MAMMOTH RD MANCHESTER, N.H.  
(street) (town/city) (zip code) 03109

Office held SENATOR County/District 18 Telephone Number 603-281-7871



## I. Sources of Income

Identify below the name, address, and type of any business, profession, or other (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 ROBAT HOLDINGS LLC
- b) Address of organization P.O. BOX 397 MANCHESTER N.H. 03105
- c) Type of organization REAL ESTATE

- 2) a) Name of business, profession, or other organization TOKENA CORP
- b) Address of organization PO BOX 397 MANCHESTER N.H. 03105
- c) Type of organization REAL ESTATE

(attach additional sheets if necessary)

- 3) Real estate 660 GOLD PROPERTIES  
PO BOX 397 MANCHESTER, N.H. 03105

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.

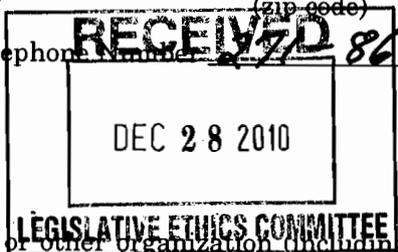
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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



**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 JAMES B. RAUSCH (Jim)  
(circle one) (print name)  
Address 65 GULF RD DERRY 03038  
(street) (town/city) (zip code)  
Office held SENATOR County/District 19 Telephone 8630



**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 VET-HOS REALTY LLC  
b) Address of organization 65 GULF RD DERRY, NH  
c) Type of organization REALTY LLC
  
- 2) a) Name of business, profession, or other organization SALEM CO-OPERATIVE BANK  
b) Address of organization MAIN STREET SALEM, NH  
c) Type of organization CO-OP BANK
  
- 3) DR. PAUL MASTERSON - DENTISTRY SALEM, NH

(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

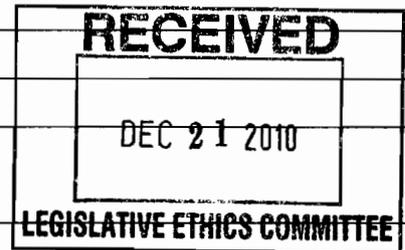
Name of Legislator Officer LOU D'ALLESANDRO  
(circle one) (print name)  
Address 332 ST. JAMES AVE MANCHESTER 03102  
(street) (town/city) (zip code)  
Office held SENATE County/District H. Ms. 20 Telephone Number 271-2600

**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 AD.

**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)



**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 Amanda Merrill  
(circle one) (print name)

Address 8 Meadow Rd Durham 03824  
(street) (town/city) (zip code)

Office held St Senate County/District 21 Telephone Number 271-8567

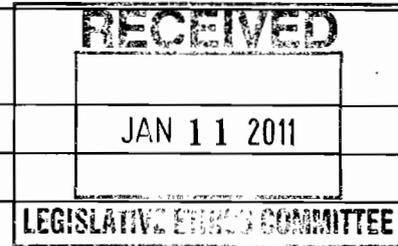
**I. Sources of Income**

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 Univ of NH  
 b) Address of organization Durham  
 c) Type of organization \_\_\_\_\_

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



(attach additional sheets if necessary)

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

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

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public.

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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. *husband Ken Fuld is dean of College of Liberal Arts*
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax. *pay tax*
- (r) Other.

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

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Legislator/Officer      *1/11/11*  
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 Charles W. Morse  
(circle one) (print name)

Address 18 Brook Hollow Dr Salem 03079  
(street) (town/city) (zip code)

Office held Senate County/District 22 Telephone Number 898-7705

## I. Sources of Income

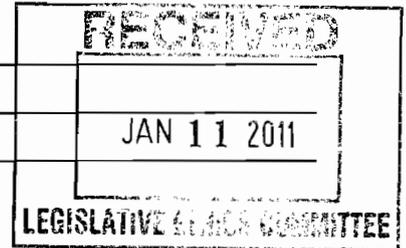
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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, but not limited to, a spouse, child, or parents.

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

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

(attach additional sheets if necessary)



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

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

## II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public.

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

(over)

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.  
See Attached
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.  
See Attached
- (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.  
See Attached
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.  
See attached
- (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 W. Moran 1-11-11  
Signature of Legislator/Officer Date

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

## Sources of Income

Company Name	Address	Established	Business Type
Freshwater Farms, Inc.	1 Kip Cam Road, Atkinson, NH 03811	Feb 1988	Nursery & Garden Center
Freshwater Farms Management Services, LLC	1 Kip Cam Road, Atkinson, NH 03811	Sept 2009	Landscaping and Maintenance
FWF Leasing, LLC	1 Kip Cam Road, Atkinson, NH 03811	Apr 2010	Equipment Leasing
C&C Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
C&M Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
Granite Creek Farms, LLC	316 South Road, Rte 125, Brentwood, NH 03853	2/13/2007	Nursery & Garden Center
Emma Brentwood Realty, LLC	18 Brookhollow Drive, Salem, NH 03079	9/28/2006	Real Estate LLC



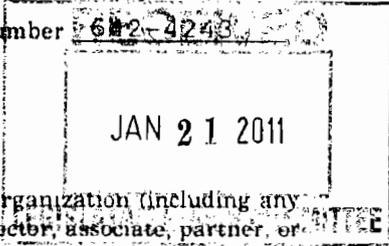
**2011 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer Russell E. Prescott  
(circle one) (print name)

Address 8 Farm Rd. , Kingston, NH 03848  
(street) (town/city) (zip code)

Office held Senate County/District 23 Telephone Number 603-424-3121



**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 R.E. Prescott Co., Inc.  
b) Address of organization 10 Railroad Ave., Exeter, NH 03833  
c) Type of organization Water System Design & Supply
  
- 2) a) Name of business, profession, or other organization Rental Income, personal  
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)

Vertical line of text on the left margin, possibly a page number or header.

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:

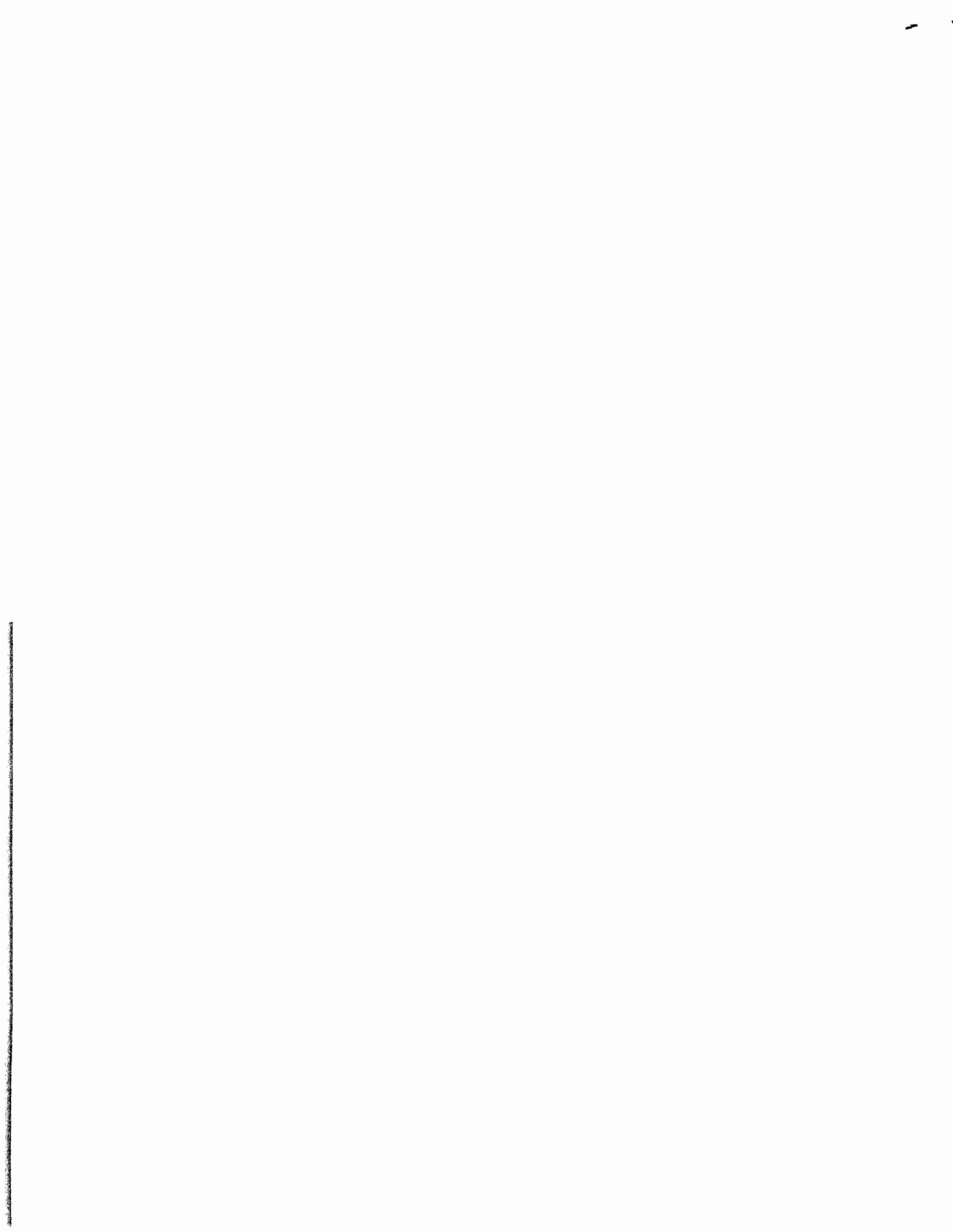
- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.  
Professional Engineering
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.  
Real estate property rentals, personal
- (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 system design and supply
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.  
R.E. Prescott Co., Inc.
- (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.

*Arnold E. Prescott* 1-21-11  
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 Nancy F Stiles  
(circle one) (print name)

Address 1 Hayden Circle, Hampton, NH 03842  
(street) (town/city) (zip code)

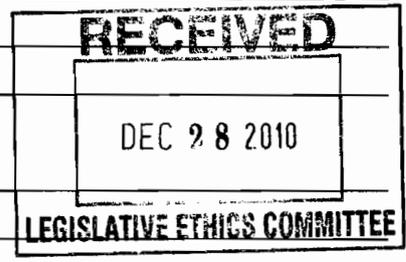
Office held Senate County/District Dist. 24 Telephone Number 601-6591

**I. Sources of Income**

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

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- 1) a) Name of business, profession, or other organization \_\_\_\_\_  
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 NFS.

**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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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.  
*Nancy*
- (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.  
*TICREF - Howard*

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.

*Nancy F. Stiles*      *12-26-2010*  
\_\_\_\_\_  
Signature of Legislator/Officer      Date

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