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 R. Mackay
(circle one) (print name)

Address 139 North State Street, Concord, NH 03301
(street) (town/city) (zip code)

Office held Rep. County/District Merr 11 Telephone Number (603) 724-0623

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 Cambridge Trust Co.
   b) Address of organization 1336 Massachusetts Avenue, Cambridge, Massachusetts 02138
   c) Type of organization Wealth Management

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
DEC 21 2010
LEGISLATIVE ETHICS COMMITTEE

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. I own an apartment building.
- ☐ (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 — Date: 12.21.10

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

FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) BRUCE A. MACMAHON (print name)

Address 63 LYFORD LANE, BRENTWOOD, 03833 (street) (town/city) (zip code)

Office held STATE REP County/District ROCKINGHAM 10 Telephone Number 603 734 2993

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, from which you or a member family 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 MACMAHON RENOVATION SOLUTIONS, L
   b) Address of organization 63 LYFORD LANE, BRENTWOOD NH 03833
   c) Type of organization REMODELING CONTRACTOR, PROPERTY MANAGER

2) a) Name of business, profession, or other organization DOUGLAS A. THOM CLINIC, INC.
   b) Address of organization NATICK CROSSING STE 22, 251 W. Central St.
   c) Type of organization HEALTH CARE NATICK, MA 01760

(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 in accordance with section 5 of the Ethics Guidelines. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have. Even if you disclose a financial interest on this form, you may still have to file a separate Declaration of Intent Form on a particular bill.

(over)

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JAN 21 2011
LEGISLATIVE ETHICS COMMITTEE

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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  HOME IMPROVEMENT CONTRACTOR
- [x] (b) Health Care
  WIFE'S EMPLOYER
- [ ] (c) Insurance
- [x] (d) Real estate, including brokers, agents, developers, and landlords
  OWNER OF RENTAL PROPERTY
- [ ] (e) Banking or financial services
- [ ] (f) State of New Hampshire, county or municipal employment
- [ ] (g) New Hampshire Retirement System
- [ ] (h) Current use land assessment program
- [ ] (i) Restaurants and lodging
- [ ] (j) Sale and distribution of alcoholic beverages
- [ ] (k) Practice of law
- [ ] (l) Any business regulated by the Public Utilities Commission
- [ ] (m) Horse or dog racing, or other legal forms of gambling
- [x] (n) Education
  SUBSTITUTE TEACHER, PURSUING TEACHING CERT.
- [ ] (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 — Date: 1/21/11

Complete and <u>return to the Legislative Ethics Committee</u> no later than the third Friday in January.

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer NORMAN L. MAJOR
(circle one) (print name)

Address 12 KINGSTON RD PLAISTOW 03865
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District ROCK 8 Telephone Number 603 382-5429

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 ALCATEL-LUCENT
   b) Address of organization PO BOX 57576 JACKSONVILLE, FL 32241
   c) Type of organization TELECOMMUNICATION EQUIPMENT MANUF

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 19 2011
LEGISLATIVE ETHICS COMMITTEE

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. RENTAL HOUSE
- ☐ (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. 10A LAND – PLAISTOW
- ☐ (i) Restaurants and lodging.
- ☐ (j) Sale and distribution of alcoholic beverages.
- ☐ (k) Practice of law.
- ☐ (l) Any business regulated by the Public Utilities Commission.
- ☐ (m) Horse or dog racing, or other legal forms of gambling.
- ☐ (n) Education.
- ☐ (o) Water resources.
- ☐ (p) Agriculture.
- ☒ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax, ☒ Interest and Dividends Tax.
- ☐ (r) Other.

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

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

Norman L Major 1/17/2011

Signature of Legislator/Officer Date

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

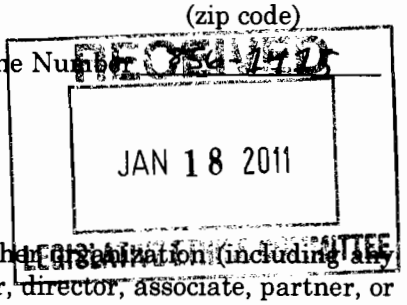
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Robert J. Malone
(circle one) (print name)

Address 40 Hillside drive (street) Gilford (town/city) 03820 (zip code)

Office held Representative County/District Belknap 5 Telephone Number [illegible]



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 Robert Malone - Self-Employed
   b) Address of organization P.O. Box 193 Alton Bay N.H. 03810
   c) Type of organization Roofing - Remodeling contractor

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

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

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

[signature] 1/5/2011

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 Jonathan S Maitz
(circle one) (print name)

Address 28 Chagnon Lane Hudson 03051
(street) (town/city) (zip code)

Office held Rep County/District Hillsborough Telephone Number 876 6829

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 Granite Telecommunications
   b) Address of organization 100 Newport Ave Quincy MA
   c) Type of organization Telecommunications

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

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE BRANCH

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.

  _____

- ☐ (o) Water resources.

  _____

- ☐ (p) Agriculture.

  _____

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

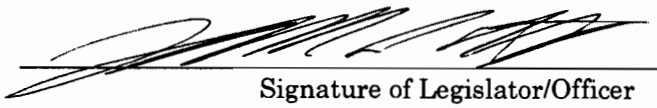
  _____

- ☐ (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.



5 JAN 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 ANDREW J. MANUSE
(circle one) (print name)

Address 3 HILDA AVE. DERRY 03038
(street) (town/city) (zip code)

Office held STATE REPRESENTATIVE County/District Rockingham 5 Telephone Number 603-703-8857

RECEIVED
JAN 5 2011

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 Draper Laboratories
   b) Address of organization 555 Technology Square, Cambridge, MA 02139
   c) Type of organization Engineering Firm

2) a) Name of business, profession, or other organization Manuse Media Company
   b) Address of organization 3 Hilda Ave. Derry, N.H. 03038
   c) Type of organization Media consulting firm (PR, publishing, video editing, instruction)

(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.
Unsure whether to include, but I own 15% of the Queen City Examiner newspaper.

☐ (b) Health Care.

☐ (c) Insurance.

☑ (d) Real estate, including brokers, agents, developers, and landlords.
We own our own home at 3 Hilda Ave., which sits near a gravel road and has beach rights on a 12-acre lake,

☐ (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.
I have taught courses in journalism and on the media at Hesser College.

☐ (o) Water resources.

☐ (p) Agriculture.

☑ (q) New Hampshire taxes: ☑ Business Profits Tax, ☑ Business Enterprise Tax, ☑ Interest and Dividends Tax.
I do not currently pay these taxes, but hope my business income will soon push me past the limit.

☑ (r) Other.
I do press releases and media consulting for the Republican Liberty Caucus of NH, Citizens for Sensible Legislation, the NH Liberty Alliance and the Natural Rights Caucus.

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] 1-5-11
Signature of Legislator/Officer Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer BRUCE MARCUS
(circle one) (print name)

Address 139 CARLEY ROAD PETERBOROUGH 03458
(street) (town/city) (zip code)

Office held REP County/District HILL/3 Telephone Number 603-924-6888

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.

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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 NETJETS INC
   b) Address of organization BRIDGEWAY AVE COLUMBUS, OH
   c) Type of organization AIRCRAFT FRACTIONAL OWNERSHIP

2) a) Name of business, profession, or other organization MARYLOU MARCUS
   b) Address of organization 139 CARLEY RD PETERBOROUGH 03458
   c) Type of organization EDUCATIONAL CONSULTANT

3. MORGAN STANLEY RETIREMENT ONE PICKWICK PLAZA GREENWICH, CT 06830

(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.
EDUCATIONAL CONSULTANT MARYLOU MARCUS LLC

☐ (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.
SEE (a)

☐ (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.

Bruce G Marcus 1-5-2011
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 Donna Mauro
(circle one) (print name)

Address 18 Simpson Rd (street) Windham (town/city) 03087 (zip code)

Office held Rep County/District Rock Telephone Number 603-893-7186

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 National Aperture, Inc.
   b) Address of organization 16 Northwestern Dr, Salem, NH
   c) Type of organization Manufacturing

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 11 2011
LEGISLATIVE ETHICS COMMITTEE

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.

Donna Mans 1/11/2011

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 FRANK McCARTHY
(circle one) (print name)

Address 124 SUREN RD, NORTH CONWAY 03860
(street) (town/city) (zip code)

Office held REP. County/District CARROLL (4) Telephone Number 356-9160

I. Sources of Income

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

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

1) a) Name of business, profession, or other organization NONE
   b) Address of organization _____
   c) Type of organization _____

2) a) Name of business, profession, or other organization NONE
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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 FMC

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.

Frank McCarthy — Jan 3rd 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 Michael McCarthy
(circle one) (print name)

Address 34 Terry Nashua 03064
(street) (town/city) (zip code)

Office held Rep. County/District Hillsborough Telephone Number [illegible]-4566

RECEIVED
FEB 15 2011

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 Verizon (MA)
   b) Address of organization 1 Corporate Dr, Andover MA.
   c) Type of organization Telephone

2) a) Name of business, profession, or other organization Fairpoint
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

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

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

Signature of Legislator/Officer — Date: 12/15/11

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 Donald B. McCLARREN
(~~circle~~ one) (print name)

Address 39 MONZA RD NASHUA 03064
(street) (town/city) (zip code)

Office held STATE REPRESENTATIVE County/District HILLSBOROUGH 21 Telephone Number 603 883-9245

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 HANNAFORD BRO. CO.
   b) Address of organization PO BOX 972, PORTLAND, ME 04104
   c) Type of organization RETAIL GROCERY

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 4 2011
LEGISLATIVE ETHICS COMMITTEE

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. FOOD / GROCERY

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.

Donald B. McClarren — Signature of Legislator/Officer

1/4/11 — Date

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Rep Mark McCaskey
(circle one) (print name)

Address 10 Clover Lane (street) Freedom (town/city) 03836 (zip code)

Office held Rep County/District Carroll Telephone Number 520-6275

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 M+V Convenience W. Rev
   b) Address of organization Rte 16 Westossipee
   c) Type of organization Sales

2) a) Name of business, profession, or other organization McCaskey Construction
   b) Address of organization Rt 10 Clover Lane Freedom NH
   c) Type of organization Construction / Real Estate

(attach additional sheets if necessary)

RECEIVED
JAN 5
LEGISLATIVE ETHICS COMMITTEE

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.
NH Permitted Septic Designer/Installer

☐ (b) Health Care.

☐ (c) Insurance.

☑ (d) Real estate, including brokers, agents, developers, and landlords.
Rentals

☐ (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.
NH Convenience

☐ (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] 1/5/2018
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 John S. McDonnell
(circle one) (print name)

Address 2 Depot Rd Chichester 03258
(street) (town/city) (zip code)

Office held Representative County/District Merrimack 7 Telephone Number 603-494-4521

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 _____

RECEIVED
JAN 3 2011
LEGISLATIVE ETHICS COMMITTEE

(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 JSMcD

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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  Liscensed cosmetologist
- [x] (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.
- [x] (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.

John J McDonnell — Signature of Legislator/Officer

1-3-2011 — Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer SEAN McGUINNESS
(circle one) (print name)

Address 30 SHELBURNE ROAD, NASHUA NH 03063
(street) (town/city) (zip code)

Office held STATE REP County/District #20 Telephone Number 603-889-0826

RECEIVED
JAN 19 2011
LEGISLATIVE ETHICS COMMITTEE

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 MORTGAGE TRADERS, LLC
   b) Address of organization 151 AMHERST ST, NASHUA NH 03064
   c) Type of organization MORTGAGE BROKER

2) a) Name of business, profession, or other organization Mortgage Traders Commercial Servicing, LLC
   b) Address of organization 151 AMHERST ST, NASHUA NH 03064
   c) Type of organization MORTGAGE LOAN SERVICING COMPANY

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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.

REAL ESTATE SALES PERSON, MORTGAGE LOAN ORIGINATOR, MORTGAGE LOAN SERVICER, NOTARY PUBLIC, JUSTICE OF THE PEACE.

☐ (b) Health Care.

☐ (c) Insurance.

☒ (d) Real estate, including brokers, agents, developers, and landlords.

REAL ESTATE SALES PERSON License

☒ (e) Banking or financial services. MORTGAGE LOAN ORIGINATOR License

MORTGAGE LOAN SERVICING Registration

☐ (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.

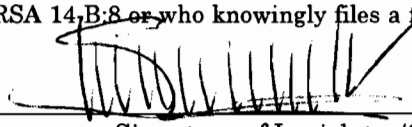
MAY BE SUBJECT TO THESE TAXES

☐ (r) Other.

NH STATE REPRESENTIVE, NOTAY PUBLIC, JUSTICE OF THE PEACE

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

01-19-2011

Date

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Carol McGuire (print name)

Address 700 (street) Suncook Valley Highway (town/city) Epsom 03234 (zip code)

Office held State Rep County/District Merr 8 Telephone Number 782-4918

RECEIVED
JAN 6 2011
LEGISLATIVE COMMITTEE

I. Sources of Income

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

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

1) a) Name of business, profession, or other organization Murphy's Taproom
   b) Address of organization 494 Elm St Manchester NH 03104
   c) Type of organization restaurant/bar
   Carol McGuire + Daniel Helman

2) a) Name of business, profession, or other organization CRUT1 and CRUT2
   b) Address of organization 700 Suncook Valley Highway Epsom NH 03234
   c) Type of organization charitable remainder trust

(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.
  partner in Murphy's Taproom
- ☒ (j) Sale and distribution of alcoholic beverages.
  partner in Murphy's Taproom
- ☐ (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.
  our income is from investments, largely interest + dividends
- ☐ (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.

Carol M. Gunn — Signature of Legislator/Officer

1/5/11 — 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 Dan McGuire
(circle one) (print name)

Address 700 Suncook Valley Hwy, Epsom 03234
(street) Merrimack (town/city) (zip code)

Office held State Rep County/District _____ Telephone Number 7824918

RECEIVED
JAN 6 2011
ETHICS COMMITTEE

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 Murphy's Taproom
   b) Address of organization 494 Elm St, Manchester NH 03104
   c) Type of organization restaurant/bar

2) a) Name of business, profession, or other organization carol McGuire and Daniel Helman CRUT 1 and CRUT 2
   b) Address of organization 700 Suncook Valley Hwy Epsom NH 03234
   c) Type of organization charitable remainder trust

(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. partner in Murphy's Taproom
- ☒ (j) Sale and distribution of alcoholic beverages. partner in Murphy's Taproom
- ☐ (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. our income is from investments, largely interest + dividens
- ☐ (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.

David M. Gunn — 1/6/11

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 (circle one) Betsy McKinney (print name)

Address 3 Leelynn Cir (street) Londonderry (town/city) 03053 (zip code)

Office held Rep County/District Rock 3 Telephone Number 432-5232

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 _____

RECEIVED
JAN 18 2011
LEGISLATIVE ETHICS COMMITTEE

(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 BMcK.

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.

Betsy McKinney — Signature of Legislator/Officer — 1/4/11 — Date

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer CHARLES E. McMAHON
(circle one) (print name)

Address 11 FLORAL ST. WINDHAM 03087
(street) (town/city) (zip code)

Office held St. Rep. County/District Rock 4 Telephone Number 603-432-8877

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 Real Estate Agent, Landlord
   b) Address of organization _____
   c) Type of organization Sell RE + rent our 2nd home

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

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DEC 29 2010
LEGISLATIVE ETHICS COMMITTEE

(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. Agent w/ CoCo Early + Assoc. of rent our lake house during Summer
- ☐ (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.

Daniel E McKahn 12-27-10

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 MEADER
(circle one) (print name)

Address EAST SURRY RD (P.O. BOX 1030) KEENE NH 03431
(street) (town/city) (zip code)

Office held HOUSE County/District CHES. 3 Telephone Number 357-1340

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 CHESHIRE OIL CO.
   b) Address of organization MARLBORO ST. RTE 101 KEENE NH
   c) Type of organization CONVENIENCE STORES

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.

  _____

- ☐ (b) Health Care.

  _____

- ☐ (c) Insurance.

  _____

- ☐ (d) Real estate, including brokers, agents, developers, and landlords.

  _____

- ☐ (e) Banking or financial services.

  _____

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

  _____

- ☐ (g) New Hampshire Retirement System.

  _____

- ☐ (h) Current use land assessment program.

  _____

- ☐ (i) Restaurants and lodging.

  _____

- ☐ (j) Sale and distribution of alcoholic beverages.

  _____

- ☐ (k) Practice of law.

  _____

- ☐ (l) Any business regulated by the Public Utilities Commission.

  _____

- ☐ (m) Horse or dog racing, or other legal forms of gambling.

  _____

- ☐ (n) Education.

  _____

- ☐ (o) Water resources.

  _____

- ☐ (p) Agriculture.

  _____

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

  _____

- ☐ (r) Other.

  _____

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

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

_____ 12-24-10

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 (circle one) Holly L. Mechesci (print name)

Address 24 Rocky Ledge Road (street) Windsor Hillsborough (town/city) 03244 (zip code)

Office held _____ County/District 1 Telephone Number 478-3986

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 Osram Sylvania
   b) Address of organization Main Street Hillsborough N.H. 03244
   c) Type of organization Manufacturer

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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. Hot dog stand
- ☐ (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. I own a small farm
- ☐ (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 — Date: 1/5/2011

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 EVALYN S. MERRICK
(circle one) (print name)

Address 27 BLACKBERRY LANE, LANCASTER 03584
(street) (town/city) (zip code)

Office held Representative County/District COOS 2 Telephone Number 788-4311

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 Northern Vermont Regional Hospital
   b) Address of organization ST. JOHNSBURY RD, ST. JOHNSBURY, VT
   c) Type of organization HOSPITAL / MEDICAL CENTER

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 3 2011
LEGISLATIVE ETHICS COMMITTEE

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.
Licensed, but not practicing in State of New Hampshire - (MEDICINE)

☐ (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.

Gwalyn S Merrick — Signature of Legislator/Officer

12/28/10 — 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 Harry C. Merrow
(circle one) (print name)

Address P.O. Box 94 Center Ossipee NH. 03814
(street) (town/city) (zip code)

Office held State Rep. County/District Carroll 3 Telephone Number 539-2109

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 Hartford
   b) Address of organization No longer exists - Merged with FM Global. - Get Retirement Check from Trust
   c) Type of organization Engineering & Industrial Insurance

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

(attach additional sheets if necessary)

RECEIVED
DEC 29 2010
LEGISLATIVE ETHICS COMMITTEE

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.
Have Real Estate Income - Expense in Ord. Do not intend to renew - Also buy and sell Timber Timber land on my own

☐ (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 have property in current use

☐ (i) Restaurants and lodging.

☐ (j) Sale and distribution of alcoholic beverages.

☐ (k) Practice of law.

☐ (l) Any business regulated by the Public Utilities Commission.

☐ (m) Horse or dog racing, or other legal forms of gambling.

☐ (n) Education.

☐ (o) Water resources.

☐ (p) Agriculture.

☒ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax, ☒ Interest and Dividends Tax.
From my personal investments in stocks + bonds

☐ (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.

Harry C. Merrow 12/23/10

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 (circle one) IRENE M. MESSIER (print name)

Address 40 NEWGATE CIRCLE (street) MANCHESTER (town/city) 03102 (zip code)

Office held Representative County/District Hills. 17 Telephone Number 622-9146

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 _____

RECEIVED JAN 24 2011 LEGISLATIVE ETHICS COMMITTEE

(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 I. M.

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 — Date: 1/21/2011

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 ALIDA MILLHAM
(circle one) (print name)

Address 426 BELKNAP MT RD GILFORD NH 03249
(street) (town/city) (zip code)

Office held Rep County/District Belknap #5 Telephone Number 524-1278

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 spouse - attorney - Wescott, Dyes Fitzgerald Nichols
   b) Address of organization 38 Bowman St Laconia NH
   c) Type of organization Law office

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

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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. current use property
- ☐ (i) Restaurants and lodging.
- ☐ (j) Sale and distribution of alcoholic beverages.
- ☑ (k) Practice of law. Spouse
- ☐ (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 — Date: 1/5/11

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 Paul Mirski
(circle one) (print name)

Address 736 Shaker Hill Rd Enfield, NH 03748
(street) (town/city) (zip code)

Office held Representative County/District GRAFTON Telephone Number 603 632 5555

[MAILING ADDRESS: POB 190 Enfield Center, NH 03749]

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 MASCOMA SCHOOL DISTRICT
   b) Address of organization CANAAN NH
   c) Type of organization ~~SEE~~ SAU.

2) a) Name of business, profession, or other organization Paul Mirski Architect
   b) Address of organization POB 190 Enfield Center NH
   c) Type of organization Arch. Office

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

3. Read + Mirski Real Estate Partnership, Central Sq. Bristol

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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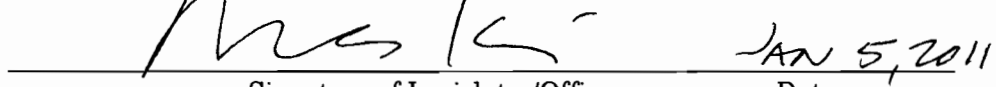
(over)

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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  ARCHITECT
- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [x] (d) Real estate, including brokers, agents, developers, and landlords.
  PAUL MIRSKY - BROKER / LANDLORD — 3 ELDERLY PROJECTS OTHER RENTALS.
- [ ] (e) Banking or financial services.
- [ ] (f) State of New Hampshire, county or municipal employment.
- [x] (g) New Hampshire Retirement System.
  WIFE'S TEACHER RETIREMENT / MASCOMA SCHOOL DISTRICT.
- [ ] (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.
  TREE FARM
- [x] (q) New Hampshire taxes: [x] Business Profits Tax, [x] Business Enterprise Tax, [x] Interest and Dividends Tax.
- [x] (r) Other.
  CURRENT USE

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 — JAN 5, 2011 — Date

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

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

As prescribed by RSA 14-B:8

Name of (Legislator)/Officer MARCIA MOODY
(circle one) (print name)

Address 1 MAPLE STREET NEWMARKET, NH 03857
(street) (town/city) (zip code)

Office held STATE REPRESENTATIVE County/District ROCKINGHAM 12 Telephone Number 603 659 7106

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 ARMY AND AIR FORCE EXCHANGE SERVICE
   b) Address of organization HQ AAFES 3911 S. WALTON WALKER BLVD DALLAS, TX 75236-1598
   c) Type of organization RETAIL STORES FOR THE MILITARY (RETIREMENT INCOME)

2) a) Name of business, profession, or other organization SOCIAL SECURITY
   b) Address of organization
   c) Type of organization

(attach additional sheets if necessary)

RECEIVED
JAN 5 2011
LEGISLATIVE ETHICS COMMITTEE

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.

☐ (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.

Marcia Moody — 3 January 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 (circle one) Charlie Moore (print name)

Address 143 Hedley Rd (street) Jaffrey (town/city) 03452 (zip code)

Office held _____ County/District Cheshire 7 Telephone Number 5324959

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 Charlie Moore Contracting
   b) Address of organization 143 Hedley Rd Jaffrey Nh 03452
   c) Type of organization Building Trades

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

RECEIVED
JAN 13 2011
LEGISLATIVE ETHICS COMMITTEE

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.

  _____

- ☐ (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

1/13/11

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 Robert W. Moore Jr.
(circle one) (print name)

Address 49 River Road, Westmoreland, NH 03467
(street) (town/city) (zip code)

Office held Legislator County/District Cheshire District I Telephone Number 603-399-4310

I. Sources of Income

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

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

1) a) Name of business, profession, or other organization NH Retirement System
   b) Address of organization 54 Regional Drive, Concord, NH 03301
   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)

RECEIVED
JAN 11 2011
LEGISLATIVE ETHICS COMMITTEE

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:

- [X] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  Justice of Peace in NH
- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [ ] (d) Real estate, including brokers, agents, developers, and landlords.
- [ ] (e) Banking or financial services.
- [X] (f) State of New Hampshire, county or municipal employment.
  Town Zoning Administrator / Welfare Officer
- [X] (g) New Hampshire Retirement System.
  Wife receives State Retirement
- [X] (h) Current use land assessment program.
  200 Acres Land in Current Use
- [ ] (i) Restaurants and lodging.
- [ ] (j) Sale and distribution of alcoholic beverages.
- [ ] (k) Practice of law.
- [ ] (l) Any business regulated by the Public Utilities Commission.
- [ ] (m) Horse or dog racing, or other legal forms of gambling.
- [ ] (n) Education.
- [ ] (o) Water resources.
- [X] (p) Agriculture.
  Retired Farmer
- [ ] (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.

Robert W Morse Jr 1-11-2011

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 Edward P Moran
(circle one) (print name)

Address 19 Ministerial Rd Bedford 03110
(street) (town/city) (zip code)

Office held Representative County/District Hillsborough Telephone Number 603 5912

RECEIVED
DEC 23 2010
LEGISLATIVE ETHICS COMMITTEE

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 City Realty
   b) Address of organization 91 Amherst St. Nashua, NH 03064
   c) Type of organization Partnership

2) a) Name of business, profession, or other organization _____
   b) Address of organization _____
   c) Type of organization _____

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

Edward D. Morse Jr. 21 Dec. 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 Philip Munck
(circle one) (print name)

Address 4 Woodchuck Ln Somersworth NH 03878
(street) (town/city) (zip code)

Office held Representative County/District Strafford 2 Telephone Number 603-692-3316

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 ICMA Retirement Corporation
   b) Address of organization 777 North Capitol St NE, Washington DC
   c) Type of organization Deferred compensation retirement plan

2) a) Name of business, profession, or other organization Social Security Administration
   b) Address of organization P.O. Box 8018, Chicago IL
   c) Type of organization social security administration

(attach additional sheets if necessary)

RECEIVED
DEC 28 2010
LEGISLATIVE ETHICS COMMITTEE

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.
  N.H. House of Representatives
- ☒ (g) New Hampshire Retirement System.
  Son is a N.H. Police Officer
- ☐ (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.
  I am liable for Interest and Dividends taxes
- ☐ (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.

PL Munck — 12/28/10

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 KEITH MURPHY
(circle one) (print name)

Address 13 NORTH ASBURY (street) BEDFORD (town/city) 03110 (zip code)

Office held STATE REP County/District HILLS 18 Telephone Number 203-1102

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 KEITH MURPHY'S TAP ROOM LLC
   b) Address of organization 494 ELM ST MANCHESTER NH 03101
   c) Type of organization RESTAURANT

2) a) Name of business, profession, or other organization NH SPORTS & SOCIAL CLUB LLC
   b) Address of organization 494 ELM ST MANCHESTER NH 03101
   c) Type of organization SPORTS LEAGUE

(attach additional sheets if necessary)

RECEIVED
JAN 4 2011
LEGISLATIVE ETHICS COMMITTEE

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.

LIQUOR LICENSEE

☐ (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.

SPOUSE IS A PRACTICING ATTORNEY

☐ (l) Any business regulated by the Public Utilities Commission.

☐ (m) Horse or dog racing, or other legal forms of gambling.

☐ (n) Education.

☐ (o) Water resources.

☐ (p) Agriculture.

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

☐ (r) Other.

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

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

Signature of Legislator/Officer — Date: 1/4/10

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

2011 FINANCIAL DISCLOSURE FORM

3 pages

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) BRIAN J. X. MURPHY (print name)

Address 496 Walls Rd (street) Rye (town/city) 03870 (zip code)

Office held House Rep. County/District Rock/18 Telephone Number (603)234-4031

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 Alliance Holdings Inc.
   b) Address of organization 234 Lafayette Rd Hampton NH 03842
   c) Type of organization Operates an Insurance Network for Independent Insurance Agents.

2) a) Name of business, profession, or other organization Castlebridge Risk Management, LLC
   b) Address of organization 14 Lafayette Rd, Suite 7, North Hampton NH 03862
   c) Type of organization Risk Management / Business 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

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DEC 28 2010
LEGISLATIVE ETHICS COMMITTEE

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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  LAWYER (SEE (k))
- [ ] (b) Health Care.
- [x] (c) Insurance.
  PRESIDENT OF CASTLEBRIDGE RISK MANAGEMENT – INSURANCE AGENCY
- [x] (d) Real estate, including brokers, agents, developers, and landlords.
  LANDLORD
- [ ] (e) Banking or financial services.
- [ ] (f) State of New Hampshire, county or municipal employment.
- [ ] (g) New Hampshire Retirement System.
- [ ] (h) Current use land assessment program.
- [ ] (i) Restaurants and lodging.
- [ ] (j) Sale and distribution of alcoholic beverages.
- [x] (k) Practice of law.
  LAWYER
- [ ] (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 — Date: 12/23/2010

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

2011 Financial Disclosure Form – Continued

Brian J.X. Murphy – House of Representatives, Rockingham/Dist 18.

I. 3. a) Disetronic Sterile Products, Inc.
b) 124 Heritage Avenue Portsmouth NH 03801
c) Life Science manufacturer.