

**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 Patrick F. Abrami
(circle one) (print name)
Address 9 Tall Pine Drive, Stratham, NH 03885
(street) (town/city) (zip code)
Office held State Representative County/District Rockingham 13 Telephone Number 603 772 3489

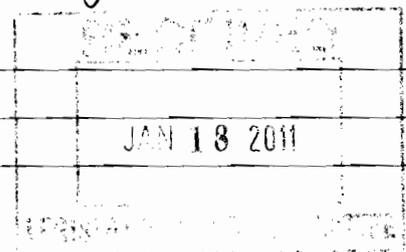
I. Sources of Income

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 Applied Management Systems
b) Address of organization 3 New England Executive Park, Burlington, MA 01803
c) Type of organization Healthcare Operations Consulting Firm

- 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.

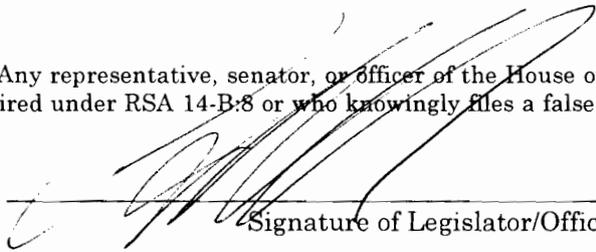
(over)

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.
Partner, Applied Management Systems - Healthcare Operations Consulting Firm
- (b) Health Care.
Legislation designed to reduce healthcare operating costs would be beneficial to AMS.
- (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.
AMS pays BPT, BET taxes and S-corp distributions treated as dividend
- (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

1/15/11

 Date

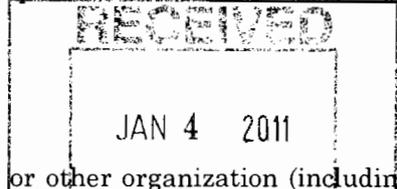
Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.

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 HARRY ACCORNERO
(circle one) (print name)
Address 18 SANBORN ST. LACONIA, 03246
(street) (town/city) (zip code)
Office held _____ County/District BELKNAP Telephone Number 387-9708



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 LACONIA CLINIC
b) Address of organization 724 N. MAIN ST, LACONIA NH.
c) Type of organization CLINIC

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

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer James D. Aguiar
(circle one) (print name)

Address 21 Depot St. Campton, NH. 03223
(street) (town/city) (zip code)

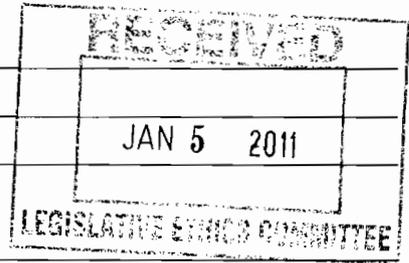
Office held Rep. County/District Grafton Co Telephone Number 726-3412

I. Sources of Income

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

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

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



(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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(over)

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer CHRISTOPHER J. AHLGREN
(circle one) (print name)
Address 20 ORCHARD RD WOLFEBORO 03894
(street) (town/city) (zip code)
Office held STATE REP County/District CHAMPELAIN #4 Telephone Number (603) 986-3130

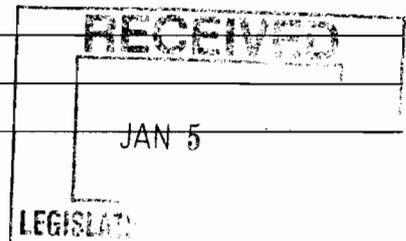
I. Sources of Income

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 JO GREENS GARDEN CAFE
b) Address of organization 33 DOCKSIDE, PO BOX 1585 WOLFEBORO NH 03894
c) Type of organization RESTAURANT, MEDICAL BILLING

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



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

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

II. Disclosure of Financial Interests

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

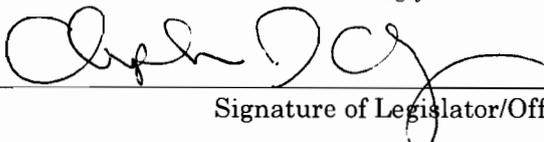
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
RESTAURANT
- (b) Health Care.
MEDICAL BILLING
- (c) Insurance.
MEDICAL BILLING
- (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.
REST.
- (j) Sale and distribution of alcoholic beverages.
REST.
- (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.
REST.
- (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.

 11/5/11
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 MARY M. ALLEN
(circle one) (print name)
Address 39 Pond St. NEWTON 03858
(street) (town/city) (zip code)
Office held LEGISLATOR County/District Rock - 11 Telephone Number 603-382-5665

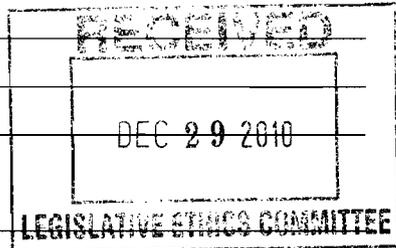
I. Sources of Income

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

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

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

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



(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

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

- (b) Health Care.

- (c) Insurance.

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

- (e) Banking or financial services.

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

- (g) New Hampshire Retirement System.

- (h) Current use land assessment program.

- (i) Restaurants and lodging.

- (j) Sale and distribution of alcoholic beverages.

- (k) Practice of law.

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

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

- (n) Education.

- (o) Water resources.

- (p) Agriculture.

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

- (r) Other.

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

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


Signature of Legislator/Officer

12-29-2010
Date

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Susan Almy
(circle one) (print name)

Address 266 Poverty Lane 4B Lebanon 03766
(street) (town/city) (zip code)

Office held Representative County/District GR 11 Telephone Number 448-4769

I. Sources of Income

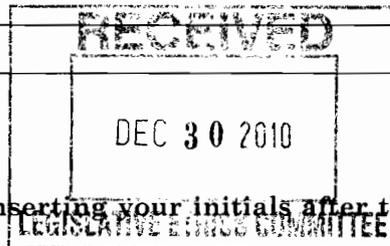
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Anne Swift Almy Trust
- b) Address of organization 266 Poverty Ln 4B, Lebanon NH 03766
- c) Type of organization Family estate I administer with sister (mutual funds)

- 2) a) Name of business, profession, or other organization Estate of Katherine S. Almy
- b) Address of organization same
- c) Type of organization one-time executor fee

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

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(over)

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 C. Andolina
(circle one) (print name)

Address 59 Littleworth Road Dover 03820-4314
(street) (town/city) (zip code)

Office held Representative County/District Strafford/6 Telephone Number 603-842-6737

I. Sources of Income

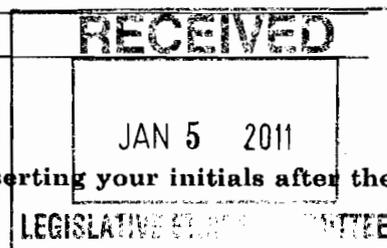
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Computer Professionals Assoc., LTD
- b) Address of organization 59 Littleworth Road, Dover NH
- c) Type of organization Information Technology - Consulting, Sales, Services

- 2) a) Name of business, profession, or other organization Raytheon Company
- b) Address of organization Waltham Massachusetts
- c) Type of organization Conglomerate

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

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(over)

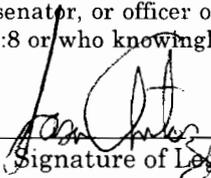
Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

NA

- (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.

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Signature of Legislator/Officer

1/9/11

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 Kevin A Averd
(circle one) (print name)

Address 68 Bartermus trail Nashua
(street) (town/city) (zip code)

Office held State Rep County/District 20 Hillsborough Telephone Number 603-521-7657

I. Sources of Income

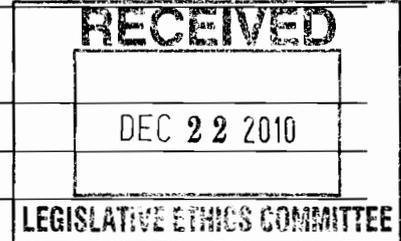
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- 1) a) Name of business, profession, or other organization Cardvale Dean of Clean
- b) Address of organization 68 Bartermus trail Nashua NH 03063
- c) Type of organization Contract Cleaner

- 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 KAC.

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)

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

- (b) Health Care.

- (c) Insurance.

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

- (e) Banking or financial services.

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

- (g) New Hampshire Retirement System.

- (h) Current use land assessment program.

- (i) Restaurants and lodging.

- (j) Sale and distribution of alcoholic beverages.

- (k) Practice of law.

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

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

- (n) Education.

- (o) Water resources.

- (p) Agriculture.

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

- (r) Other.

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

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



Signature of Legislator/Officer

12/22/2010

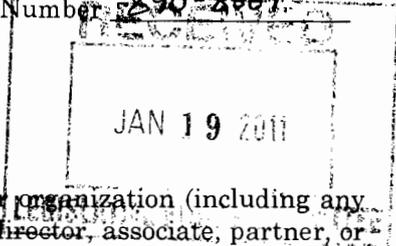
Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator Officer GARY S. AZARIAN
(circle one) (print name)
Address 34 TickleFancy Lane Salem 03079
(street) (town/city) (zip code)
Office held State Rep. County/District Rochingham 4 Telephone Number 850-8669



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 Donabedun Brothers Inc
b) Address of organization 475 South Broadway, Salem, NH.
c) Type of organization Food Service, wholesaler

- 2) a) Name of business, profession, or other organization Chase Paymental (Spouse)
b) Address of organization 4 Northcutt Blvd. S. Lm. NH
c) Type of organization Financial Services

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

