

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 Daniels
(circle one) (print name)

Address 127 Whitten Road Milford 03055
(street) (town/city) (zip code)

Office held State Rep County/District Hills 6 Telephone Number 603-673-3065

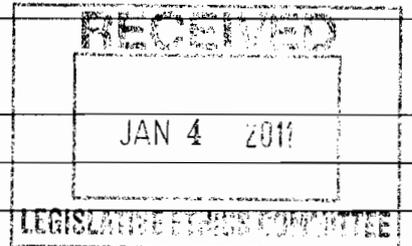
I. Sources of Income

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 Bankers Life + Casualty Co.
b) Address of organization 6 Loudon Rd, Ste 302, Concord NH 03301
c) Type of organization Insurance

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



(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

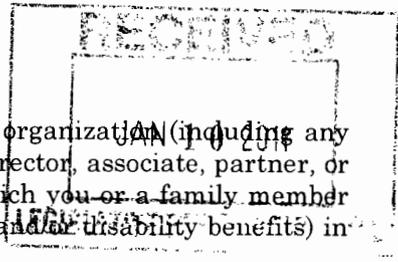
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

(over)

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

Name of Legislator/Officer (circle one) DUFFY DAUGHERTY (print name)
Address 98 HARVEY SWELL ROAD COLEBROOK NH 03576-3424
(street) (town/city) (zip code)
Office held STATE REPRESENTATIVE County/District COOS 1 Telephone Number 603.237.8618

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 DFAS (US MILITARY RET PAY)
b) Address of organization PO Box 7130 LONDON KY 40742-7130
c) Type of organization FEDERAL GOVT
2) a) Name of business, profession, or other organization SSA (MID ATLANTIC PROG SVCS CTR)
b) Address of organization 300 SPRING GARDEN STREET PHILADELPHIA PA 19123-2999
c) Type of organization FEDERAL GOVT

(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 N/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.

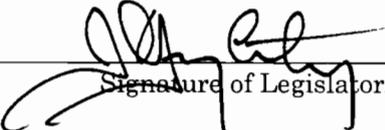
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's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

10 JAN 11

Date

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

NAME OF ORGANIZATION: OPM (RETIREMENT SERVICES PROGRAM)
ADDRESS: PO BOX 45 BOYERS PA 16017-0045
TYPE: FEDERAL GOVT

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 Josh Davenport
(circle one) (print name)
Address 59 Langs Lane Newmarket 03857
(street) (town/city) (zip code)
Office held Rep County/District Rock 12 Telephone Number 603 659 6254

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.

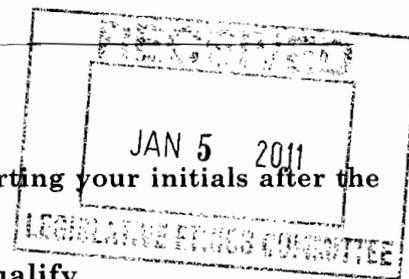
- 1) a) Name of business, profession, or other organization Sole Proprietor - Computer programmer
b) Address of organization 59 Langs Lane
c) Type of organization Custom database design

- 2) a) Name of business, profession, or other organization Newmarket elementary school
b) Address of organization Newmarket
c) Type of organization School

(attach additional sheets if necessary)

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

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



II. Disclosure of Financial Interests

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

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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.
My wife is a member

(h) Current use land assessment program.

(i) Restaurants and lodging.

(j) Sale and distribution of alcoholic beverages.

(k) Practice of law.

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

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

(n) Education.
My wife is a 4th grade elementary teacher in Newmarket

(o) Water resources.

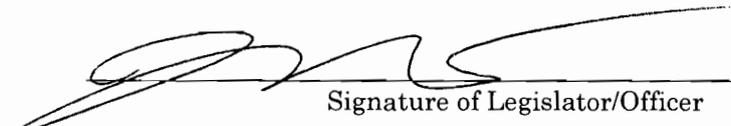
(p) Agriculture.

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

(r) Other.
Write custom software for business in various industry

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 1/5/2011
Date

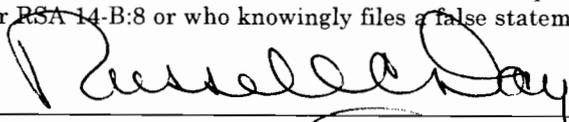
Complete and return to: Legislative Ethics Committee, State House Room 112, by January 21, 2011.

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.
self - retired state employee
- (h) Current use land assessment program.
- (i) Restaurants and lodging.
- (j) Sale and distribution of alcoholic beverages.
- (k) Practice of law.
- (l) Any business regulated by the Public Utilities Commission.
- (m) Horse or dog racing, or other legal forms of gambling.
- (n) Education.
wife - para educator
- (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

1/3/11

Date

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

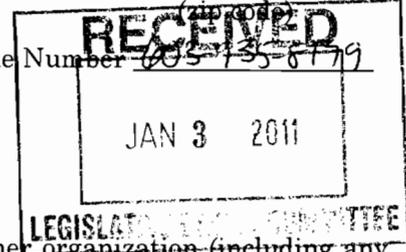
**2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator / Officer Cameron DeJong
(circle one) (print name)

Address 109 Westchester Way Manchester 03104
(street) (town/city)

Office held State Representative County/District Hillsborough 9 Telephone Number 603-735-8779



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 Wireless / Cellco Partnership
b) Address of organization One Verizon Way, Basking Ridge NJ 07920
c) Type of organization Telecommunication Provider

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

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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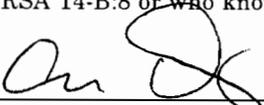
(over)

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Sales Manager, Verizon Wireless, Telecommunications
- (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.
Sales Manager, Verizon Wireless, telecommunications
- (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,
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- (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.

 12-30-2010
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 Helen M Delage
(circle one) (print name)

Address 30 Wilson Ave Concord 03301
(street) (town/city) (zip code)

Office held State Rep. County/District Merrimack Telephone Number 603-568-5508
District 12

I. Sources of Income

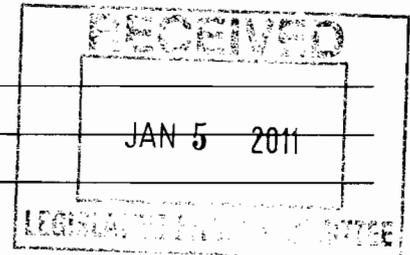
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Cardiac Associates of NH
b) Address of organization 246 Pleasant St Concord
c) Type of organization medical specialty office

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

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

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(over)

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Cardiologist at Concord Hospital
- (b) Health Care.
see above
- (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,
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Helena M. DeLoe Jan. 5, 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 Susan C. DeLemus
(circle one) (print name)

Address 14 Dustin Homestead / Rochester, NH 03867
(street) (town/city) (zip code)

Office held NH State Rep County/District Straford, #1 Telephone Number 603 835-5119

I. Sources of Income

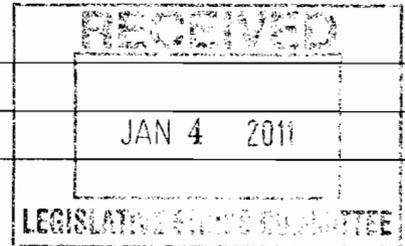
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- 1) a) Name of business, profession, or other organization Jerry DeLemus
- b) Address of organization 14 Dustin Homestead, Rochester, NH 03867
- c) Type of organization Self Employed / Construction-Handyman

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

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

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(over)

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 DEBRA L DESIMONE
(circle one) (print name)
Address 11 PROVIDENCE HILL ATKINSON 03811
(street) (town/city) (zip code)
Office held REP County/District 2 Telephone Number 603 3624314

I. Sources of Income

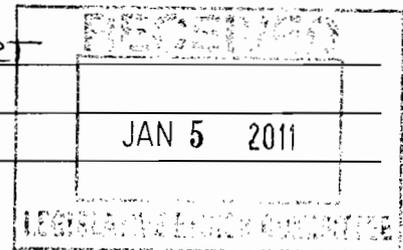
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- 1) a) Name of business, profession, or other organization TAX COLLECTOR
- b) Address of organization 21 ACADEMY AVE ATKINSON
- c) Type of organization MUNICIPAL

- 2) a) Name of business, profession, or other organization WALMART
- b) Address of organization RTE 28 SALEM
- c) Type of organization RETAIL

(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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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 Stephen T. DiStefano
(circle one) (print name)

Address 7 Sharon Dr. Bow 03504
(street) (town/city) (zip code)

Office held State Rep County/District Maine 13 Telephone Number 224-2641

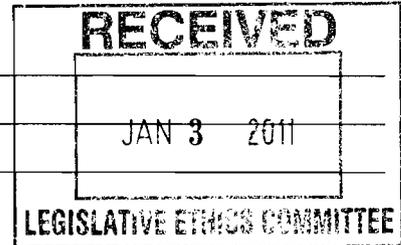
I. Sources of Income

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- 1) a) Name of business, profession, or other organization Party 21 Circa 12 Inc
 b) Address of organization 46 Pleasant St Concord NH 03301
 c) Type of organization Real Estate

- 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.

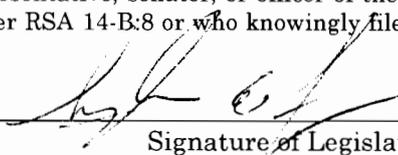
(over)

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 of Legislator/Officer

12/30/10
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

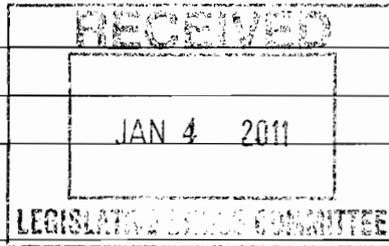
Name of Legislator / Officer JAMES E Devine
(circle one) (print name)
Address 54 Hampstead Road Sandown NH 03873
(street) (town/city) (zip code)
Office held State Rep County/District Rockingham 7 Telephone Number 887 3569

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 ED .

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 Rich DiPENTIMA
(circle one) (print name)
Address 16 Dunlin Way Portsmouth NH 03801
(street) (town/city) (zip code)
Office held STATE Rep. County/District Rockingham 16 Telephone Number 603-559-9765

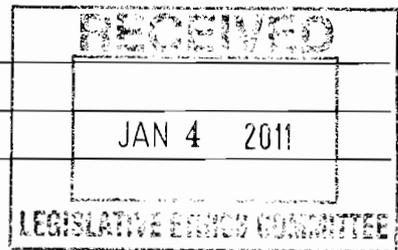
I. Sources of Income

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 of MANCHESTER RETIREMENT SYSTEM
b) Address of organization 1045 Elm ST., SUITE 403, MANCHESTER, NH 03101
c) Type of organization CITY GOVERNMENT Pension Program

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



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

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

II. Disclosure of Financial Interests

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

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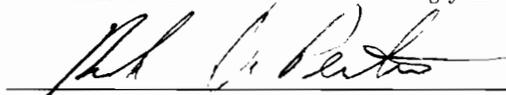
(over)

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

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

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

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



Signature of Legislator/Officer

12/21/2010

Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Shaun Doherty
(circle one) (print name)

Address 105 Bush Hill Rd. Pelham 03076
(street) (town/city) (zip code)

Office held State Rep County/District Hills 27 Telephone Number 603-860-2293

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 Doherty Landscaping (Father)
b) Address of organization 105 Bush Hill Rd Pelham, NH 03076
c) Type of organization Landscaping

- 2) a) Name of business, profession, or other organization Pelham Public Television (Mother)
b) Address of organization Village Green Pelham, NH
c) Type of organization Local Cable Access TV

(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

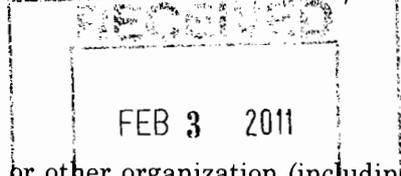
Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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 Baldwin M. Domingo
(circle one) (print name)
Address 5 Birch Drive Dover 03820
(street) (town/city) (zip code)
Office held Stafford County/District 5 Telephone Number 603-742-0422



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 _____
- c) Type of organization Wife rec'd benefits.

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

(attach additional sheets if necessary)

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

My or my family member's income does not qualify [Signature]

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.
Wife - Else
- (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.

Ballou M. Jones 2/03/11

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 DANIEL A. DONOVAN
(circle one) (print name)

Address 48 DONOVAN Rd - P.O. Box 697 DEERING NH 03244
(street) (town/city) (zip code)

Office held Representative County/District Hillsborough-2 Telephone Number: 603-464-5845

JAN 18 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.

Rose Meadow Farm, Inc

- 1) a) Name of business, profession, or other organization _____
- b) Address of organization 37 Briar Hill Rd - P.O. Box 1450 New Boston NH 03070
- c) Type of organization Health Care - Assisted Living Facility

- 2) a) Name of business, profession, or other organization Rose Meadow Garden, Inc
- b) Address of organization 336 Bedford Rd - P.O. Box 1450 New Boston, NH 03070
- c) Type of organization Health Care - Assisted living Facility

(attach additional sheets if necessary) ✓ see Addendum A

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

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

II. Disclosure of Financial Interests

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

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

(b) Health Care.
ASSISTED LIVING FACILITY

(c) Insurance.

(d) Real estate, including brokers, agents, developers, and landlords.
CASTLE DONOVAN LLC, CASTLE DONOVAN II LLC

(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.
48 DONOVAN RD DEERING NH 03244

(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.

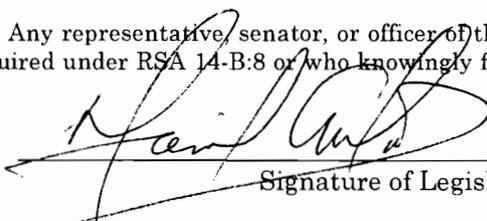
(p) Agriculture.

(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 1/18/11 Date

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

2011 Financial Disclosure Form
RSA 14-B:8

Legislator: DANIEL A. DONOVAN
48 DONOVAN Rd - P.O. Box 697
Deering, NH 03244
Hillsborough County District 2
603-464-5805

I. Sources of Income

3) Name of business:

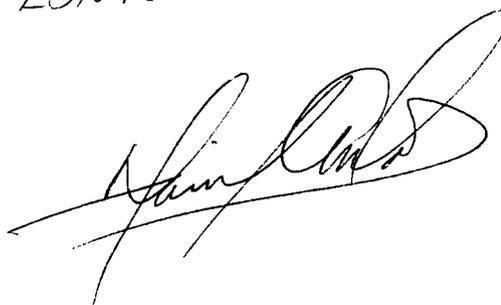
Add: Castle DONOVAN LLC
P.O. Box ~~1450~~ 1450
New Boston, NH 03070

Type: Real Estate LLC

4) Name of Business

Castle DONOVAN II LLC
P.O. Box 1450
New Boston, NH 03070

Type: Real Estate LLC

 1/18/11

**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~~ Patricia A. Dowling
(circle one) (print name)

Address 29 Sunset Ave Derry, NH 03038
(street) (town/city) (zip code)

Office held State Representative County/District Rockingham 5 Telephone Number 603-432-8080

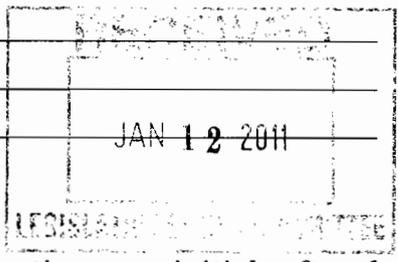
I. Sources of Income

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

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

- 1) a) Name of business, profession, or other organization PRUDENTIAL VERANI REALTY
b) Address of organization 1 VERANI WAY - DERRY, NH 03053
c) Type of organization REAL ESTATE AGENCY - SELF EMPLOYED - INDEPENDENT CONTRACTOR

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



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

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

II. Disclosure of Financial Interests

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

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- (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

1-8-11
_____ 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 Richard B. Daeshe
(circle one) (print name)

Address P.O. Box 987 Hollis NH 03040-0987
(street) (town/city) (zip code)

Office held Rep. County/District Hills 5 Telephone Number 603-465-2517

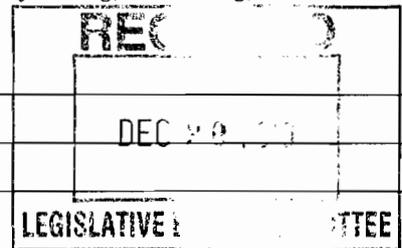
I. Sources of Income

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 ✓ R.B.D.

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)

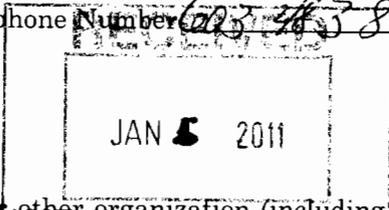
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer OE DWARTE
(circle one) (print name)

Address 10 Critchett Rd Candia NH 03034
(street) (town/city) (zip code)

Office held State Rep County/District Rockingham District One Telephone Number 603 443 8454



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 Spouse Dept of Veterans Affairs
- b) Address of organization Manchester NH VA Hospital
- c) Type of organization Veterans Health Care

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

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

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

(b) Health Care. RN Spouse VA Hospital Medical Center Manchester NH

(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. SELECTMAN TOWN OF CANTON N.H.

(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.

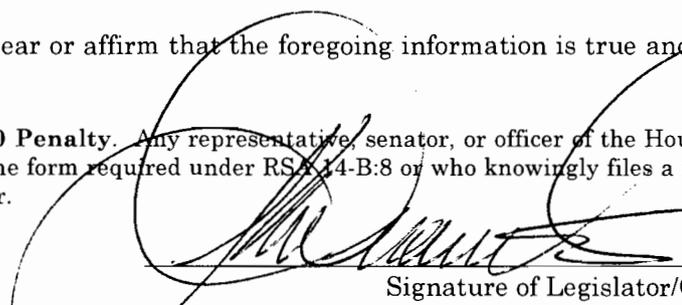
(p) Agriculture.

(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.

 12-30-2010
Signature of Legislator/Officer Date

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

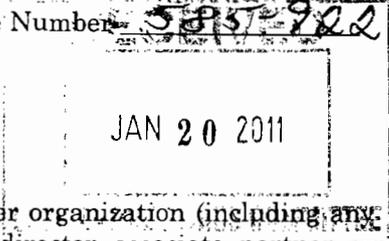
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator Officer RICHARD J DWINELL
(circle one) P.O. BOX 486 (print name)

Address 506 EAST LAKE RD, FITZWILLIAM, NH 03447
(street) (town/city) (zip code)

Office held STATE REP County/District CARSHIRE Telephone Number 508-225-9225



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 RICHARD J DWINELL OWNER DWINELL'S BLDG INC
- b) Address of organization 637 RT125, FITZWILLIAM, NH 03447
- c) Type of organization CONVENIENCE STORE

- 2) a) Name of business, profession, or other organization MARIANN DWINELL (WIFE) NEW HAMPSHIRE BALL BEARING
- b) Address of organization JAFFERY RD PETER BOROUGH, NH 03458
- c) Type of organization MANUFACTURING PLANT

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

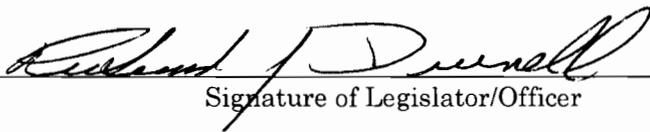
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
OWNER DWINELL'S B/U INC.
- (b) Health Care.
NO
- (c) Insurance.
NO
- (d) Real estate, including brokers, agents, developers, and landlords.
LANDLORD RENTAL PROPERTY
- (e) Banking or financial services.
NO
- (f) State of New Hampshire, county or municipal employment.
NO
- (g) New Hampshire Retirement System.
NO
- (h) Current use land assessment program.
I HAVE LAND IN CURRENT USE
- (i) Restaurants and lodging.
NO
- (j) Sale and distribution of alcoholic beverages.
OWNER DWINELL'S B/U INC (CONVENIENCE STORE)
- (k) Practice of law.
NO
- (l) Any business regulated by the Public Utilities Commission.
NO
- (m) Horse or dog racing, or other legal forms of gambling.
OWNER DWINELL'S B/U INC (SCRATCH TICKETS LOTTERY)
- (n) Education.
NO
- (o) Water resources.
NO
- (p) Agriculture.
NO
- (q) New Hampshire taxes: Business Profits Tax, Business Enterprise Tax,
 Interest and Dividends Tax.
- (r) Other.

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

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

 1-18-11
Signature of Legislator/Officer Date

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