

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer ROBERT HAEFNER
(circle one) (print name)

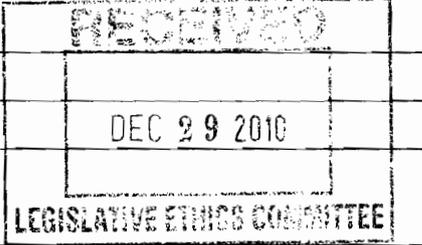
Address 1 ST. JOHN ST. HUDSON NH 03051
(street) (town/city) (zip code)

Office held REP. County/District HILLS 27 Telephone Number 889-1553

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 B.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.

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.

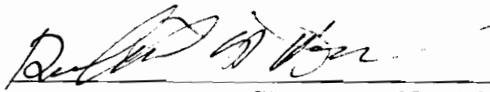
(over)

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.
JUSTICE OF THE PEACE - INCOME \$2500
- (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

12/27/10

Date

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Joseph M. HAGAN
(circle one) (print name)

Address 30 Chester St Chester NH 03036
(street) (town/city) (zip code)

Office held REP County/District Rock #7 Telephone Number 603 887 4280

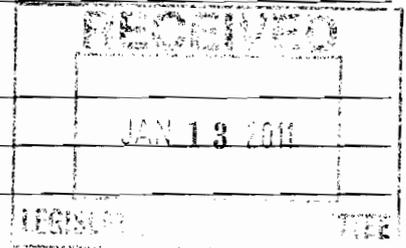
I. Sources of Income

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 Valley Regional Hospital
- b) Address of organization 243 Elm St. Claremont NH 03743
- c) Type of organization Health care

- 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.

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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 Christine C. Hamm
(circle one) (print name)
Address 14 South Road Hopkinton 03229
(street) (town/city) (zip code)
Office held State Representative County/District Merr. 4 Telephone Number 603-746-4919
five

I. Sources of Income

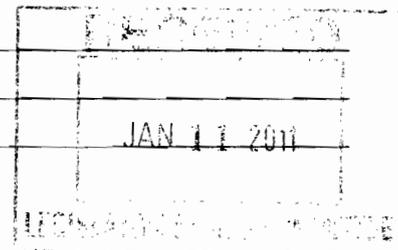
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Catenbauer Wholesale
b) Address of organization Wheeling, WVa
c) Type of organization wholesale beverage distributor

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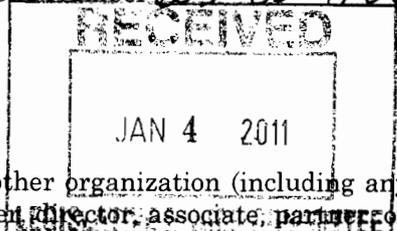
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator Officer PETER T. HANSEN
(circle one) (print name)

Address 82 AMHERST ST AMHERST 03031
(street) (town/city) (zip code)

Office held REP County/District Hills 6 Telephone Number 603 860 1106



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 ST. JOSEPH HOSP.
- b) Address of organization KINSLEY ST NASHUA, NH 03060
- c) Type of organization HOSPITAL

- 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 HAUIE HARDING
 (circle one) (print name)
 Address 56 Jenkins Rd Lebanon, NH 03766
 (street) (town/city) (zip code)
 Office held Legislator County/District Grafton 11 Telephone Number 603-448-5206

I. Sources of Income

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

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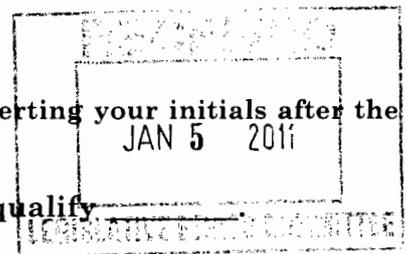
- 1) a) Name of business, profession, or other organization Armstrong Computer Serv.
 b) Address of organization Rte 120 Hanover, NH 03755
 c) Type of organization personal home care agency

- 2) a) Name of business, profession, or other organization Alice Peck Day Health Systems
 b) Address of organization 121 Meserve St. Lebanon, NH
 c) Type of organization Community based medical practice

(attach additional sheets if necessary)

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

My or my family member's income does not qualify



II. Disclosure of Financial Interests

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

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- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- (b) Health Care. nursing, medicine
- (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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Louise Harding 1/5/10
Signature of Legislator/Officer Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator Officer HARRY BARTLETT HARDWICK
(circle one) (print name)

Address 292 Mt. Rd., FRANCESTOWN 03043
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District Hillsboro #2 Telephone Number 603-588-4279

I. Sources of Income

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

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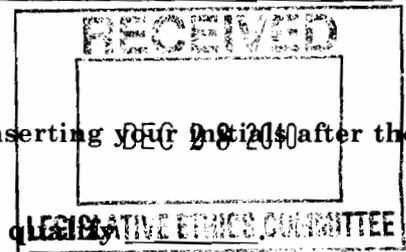
- 1) a) Name of business, profession, or other organization RETIRED BELL ATLANTIC TEL. CO. 1998
b) Address of organization HOYLE AV., MANCHESTER, N.H.
c) Type of organization TELEPHONE CO.

- 2) a) Name of business, profession, or other organization NYNEX TEL. CO. RETIRED 1997
b) Address of organization ELM ST., MANCHESTER, N.H.
c) Type of organization TELEPHONE CO.

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting DEC 28 2010 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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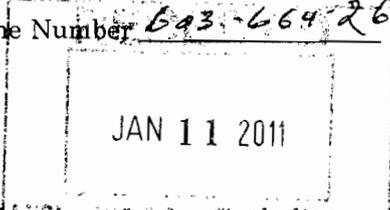
2011 FINANCIAL DISCLOSURE FORM FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Marty Harty
(circle one) (print name)

Address 8 Harty Way Barrington NH 03825
(street) (town/city) (zip code)

Office held State Rep. County/District Strafford #3 Telephone Number 603-664-2620



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 Marty Harty
- b) Address of organization 8 Harty Way
- c) Type of organization informal hobby business selling odds & ends

- 2) a) Name of business, profession, or other organization Social Security
- b) Address of organization Marty 582.40 per month Arlene 551.50 per mo. less medicare
- c) Type of organization Arlene pension 54.75 mo. Marty VA 10 mo 24 293 - 2010
Davisson Rubber Co. 2 mo 24 147 - 2010
(attach additional sheets if necessary)

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

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

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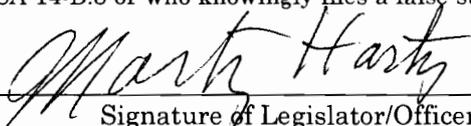
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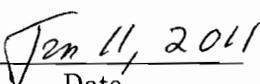
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- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
None
- (b) Health Care.
None
- (c) Insurance.
None
- (d) Real estate, including brokers, agents, developers, and landlords.
None
- (e) Banking or financial services.
None
- (f) State of New Hampshire, county or municipal employment.
Rep. Republic. 100- per year.
- (g) New Hampshire Retirement System.
None
- (h) Current use land assessment program.
None
- (i) Restaurants and lodging.
None
- (j) Sale and distribution of alcoholic beverages.
None
- (k) Practice of law.
None
- (l) Any business regulated by the Public Utilities Commission.
None
- (m) Horse or dog racing, or other legal forms of gambling.
None
- (n) Education.
None
- (o) Water resources.
None
- (p) Agriculture.
None
- (q) New Hampshire taxes: Business Profits Tax, Business Enterprise Tax,
 Interest and Dividends Tax.
None on the Sur Pass pay Rooms & meals tax excise tax on vehicles, etc
- (r) Other.
We don't do much I was a peddler but am retired. cleaning up some loose ends

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


 Date

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

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

As prescribed by RSA 14-B:8

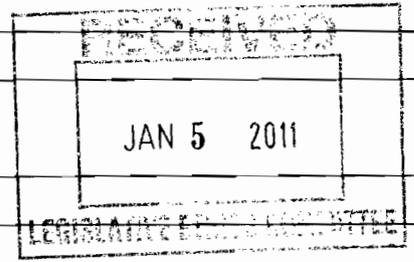
Name of Legislator/Officer William A. Hatch
(circle one) (print name)
Address 29 Fremont St. Gorham NH 03581
(street) (town/city) (zip code)
Office held Representative County/District Cos III Telephone Number 603-466-9091

I. Sources of Income

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

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



(attach additional sheets if necessary)

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

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

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.

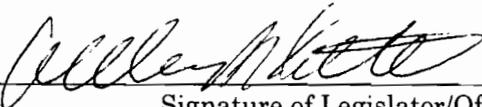
- (p) Agriculture.

- (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



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~~ SAMUEL LEE HAWKES
(circle one) (print name)

Address 210 PEARL ST KEENE 03431
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District CHESHIRE Telephone Number 357-4971

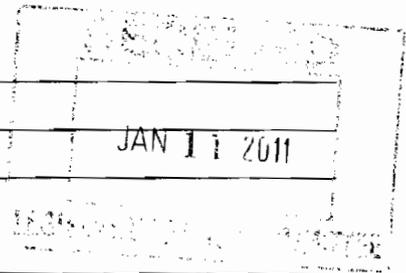
I. Sources of Income

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 SH.

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 Ken Hawkins
(circle one) (print name)

Address 1 Barrington Dr Bedford NH 03110-5601
(street) (town/city) (zip code)

Office held Rep County/District Hills 18 Telephone Number 4728270

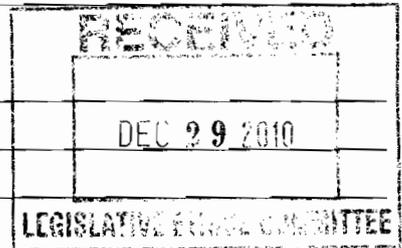
I. Sources of Income

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 Cheneil Dr Concord NH
- c) Type of organization Retirement

- 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.
Stock
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.
Stock
- (f) State of New Hampshire, county or municipal employment.
- (g) New Hampshire Retirement System.
Wife Was Teacher
- (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.
Stock
- (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.

[Handwritten Signature] *12/27/10*

Signature of Legislator/Officer Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer JAMES F. HEADD
(circle one) (print name)
Address 225 Rattlesnake Hill Rd AUBURN 03032
(street) (town/city) (zip code)
Office held STATE Rep County/District Rock-3 Telephone Number 669-8310

I. Sources of Income

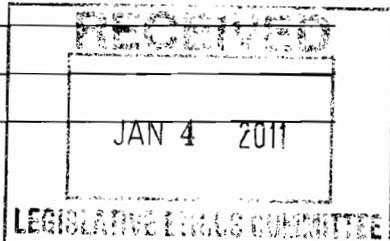
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee/officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which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

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

- 1) a) Name of business, profession, or other organization NATIONAL INS CO
b) Address of organization COLUMBUS OHIO
c) Type of organization INSURANCE Sales - RETIRED

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

(attach additional sheets if necessary)



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

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

II. Disclosure of Financial Interests

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

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- (b) Health Care.
- (c) Insurance. *ICA Agent for Nationwide Am Co. RETIRED*
- (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]
Signature of Legislator/Officer

27 Dec 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 DAVID W. HESS
(circle one) (print name)
Address 65 Pine Street, Hooksett 03106
(street) (town/city) (zip code)
Office held REPRESENTATIVE County/District MERR 9 Telephone Number 603-485-9027

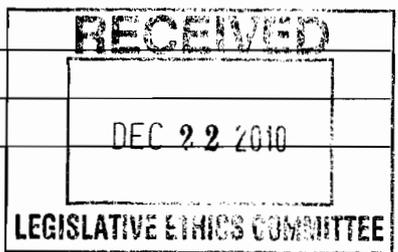
I. Sources of Income

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 CUSTOMER PERSPECTIVES LLC
- b) Address of organization 213 WEST RIVER ROAD, HOOKSETT, NH 03106
- c) Type of organization MYSTERY SHOPPING

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



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

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

II. Disclosure of Financial Interests

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

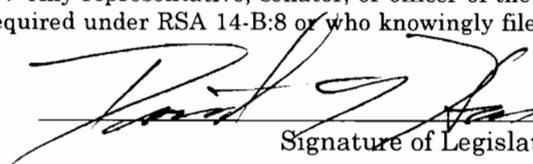
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

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

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

12/21/10
Date

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

2011 FINANCIAL DISCLOSURE FORM

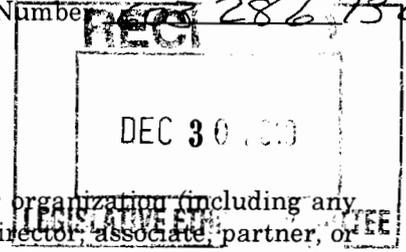
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Gregory Hill
(circle one) (print name)

Address 1 Knowles Farm Rd Northfield NH 03276
(street) (town/city) (zip code)

Office held Representative County/District Merrimack #6 Telephone Number 286 7329



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 Self-employed financial advisor
b) Address of organization 1 Knowles Farm Rd Northfield NH 03276
c) Type of organization sole proprietorship
- 2) a) Name of business, profession, or other organization Laurie G. Hill - spouse State of NH - Office of Information Tech
b) Address of organization Hazen Drive Concord NH
c) Type of organization Help desk - Computer Analyst

(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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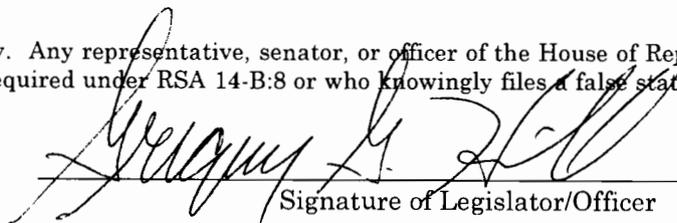
(over)

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.
Insurance licensed - Life, Accident, Health, Variable Contracts
- (b) Health Care.
- ONLY AS it relates to selling of health insurance
- (c) Insurance.
- yes see question "A"
- (d) Real estate, including brokers, agents, developers, and landlords.
- (e) Banking or financial services.
yes see question "A"
- (f) State of New Hampshire, county or municipal employment.
yes wife employed at Office of Information Technology
- (g) New Hampshire Retirement System.
yes wife participates in NHRS
- (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.
15 yr old son has a small donut business from vending trailer.
Approx income 7-9 k/year.

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

12/28/2010
Date

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

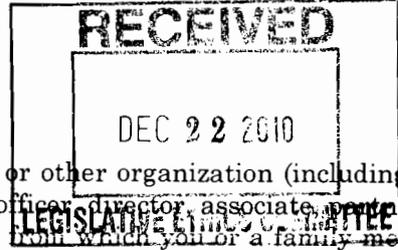
2011 FINANCIAL DISCLOSURE FORM FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Richard W. (Dick) Hinch
(circle one) (print name)

Address 14 Ichabod Drive Mademack NH 03054
(street) (town/city) (zip code)

Office held State Rep. County/District Hills #19 Telephone Number 603-424-9690



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 Better Homes & Gardens RE - TMG
 b) Address of organization 436 Amherst St. NASHUA, NH 03063
 c) Type of organization REAL ESTATE

- 2) a) Name of business, profession, or other organization State of NH - JUDICIARY
 b) Address of organization 25 Walnut St. NASHUA, NH 03060
 c) Type of organization NASHUA DISTRICT COURT

- 3) State of NH - LIQUOR COMMISSION
Store # 69, Exit 6 NASHUA NH

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.

(SELF) REALTOR

- (b) Health Care.

- (c) Insurance.

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

(SELF) BETHA HOMES + GARDENS Real Estate - The Masiello Group

- (e) Banking or financial services.

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

WIFE SON State of NH - JUDICIARY

State of NH - LIQUOR COMMISSION

- (g) New Hampshire Retirement System.

- (h) Current use land assessment program.

- (i) Restaurants and lodging.

WIFE DAUGHTER WAIT STAFF / Server - RESTUCCIS RESTAURANTS

- (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]
Signature of Legislator/Officer

12-23-10
Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer John Hiked
(circle one) (print name)
Address 483 Mast Rd Goffstown 03045
(street) (town/city) (zip code)
Office held State Rep County/District Hills 7 Telephone Number 860-2891

I. Sources of Income

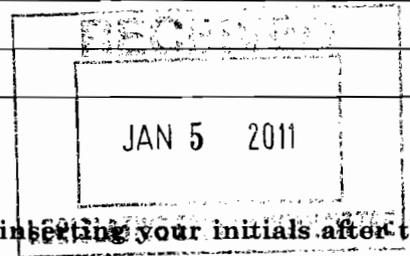
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Up Run Auto Repair
b) Address of organization 578 Mast Rd Manchester 03102
c) Type of organization Auto Repair

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 Joseph (JR) Hoell
(circle one) (print name)

Address 32 ordinary Rd. Durlingham NH 03046
(street) (town/city) (zip code)

Office held State Rep County/District Merr 13 Telephone Number 603-774-8001

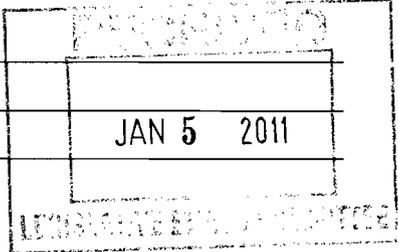
I. Sources of Income

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 Seabury Inc.
- b) Address of organization 14 Technology Drive Westport NH 03086
- c) Type of organization PERSONAL TRANS PORTATION

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



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

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

II. Disclosure of Financial Interests

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

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

2011 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Kathleen M. Hezel
(circle one) (print name)

Address 15 Dudley Rd Raymond 03077
(street) (town/city) (zip code)

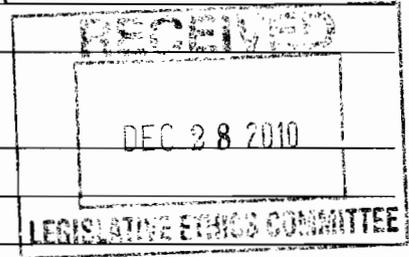
Office held State Representative County/District Rockingham 2 Telephone Number 603 895-4172

I. Sources of Income

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

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

- 1) a) Name of business, profession, or other organization State of NH
b) Address of organization Dept. of Transportation
c) Type of organization _____
- 2) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization _____



(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- (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.
Son employed by State of NH
- (g) New Hampshire Retirement System.
Son, above (f)
- (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.

Kathleen M. Hoebel

Signature of Legislator/Officer

Dec. 24, 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

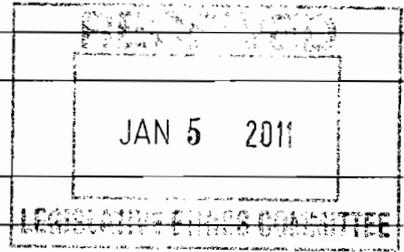
Name of Legislator Officer ROLAND P. HOFEMANN
(circle one) (print name)
Address 18 WELLINGTON AVE, DOVER NH 03820
(street) (town/city) (zip code)
Office held REP County/District Strafford, 6 Telephone Number 749-4154

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 NONE _____
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 RPH.

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.

NONE

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.

Roland P. Dofeman
Signature of Legislator/Officer

22 DEC 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 Edith "Dee" Hogan
(circle one) (print name)

Address 34 Dearborn Street Nashua 03060-3949
(street) (town/city) (zip code)

Office held Representative County/District Hillsborough / 25 Telephone Number 603 883 5320

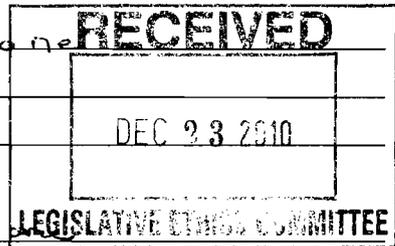
I. Sources of Income

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

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

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

- 2) a) Name of business, profession, or other organization h
- 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 eh.

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 Timothy Hogan
(circle one) (print name)
Address 29 Sullivan St Nashua 03064
(street) (town/city) (zip code)
Office held Representative County/District H-1's 23 Telephone Number 603 201 8323

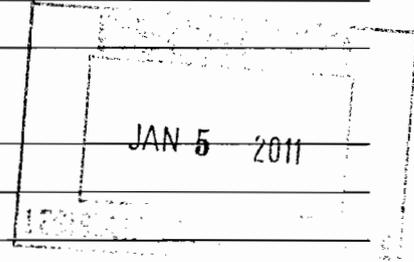
I. Sources of Income

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

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

- 1) a) Name of business, profession, or other organization Nashua Community College
b) Address of organization 505 Amherst St, Nashua
c) Type of organization College

- 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.
I am covered by the state health insurance as an employee
- (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.
as a state employee, I have an interest in the 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

12.22.10 _____
Date

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

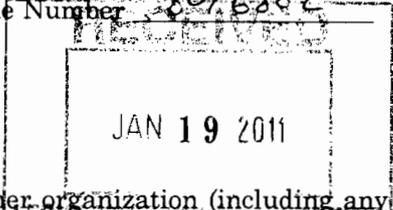
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator / Officer Frank Holden
(circle one) (print name)

Address 53 Old Temple Rd
(street) (town/city) (zip code)

Office held Representative County/District Hills 4 Telephone Number 801-6802



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 Fidelity Investments
- b) Address of organization 1 Spartan Wy, Merrimack
- c) Type of organization Investments / Benefits

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

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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(over)

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

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

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

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



Signature of Legislator/Officer

1/19/2011

Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator Officer Dorothea D. Hooper
(circle one) (print name)

Address 84 Katie Lane Dover N.H. 03820
(street) (town/city) (zip code)

Office held State Rep County/District Strafford 5 Telephone Number (603) 749-6418

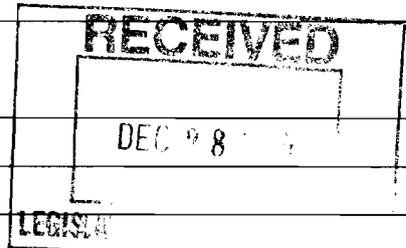
I. Sources of Income

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 Southern N H University
b) Address of organization Peace Tradeport, Portsmouth, N.H.
c) Type of organization University

- 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)

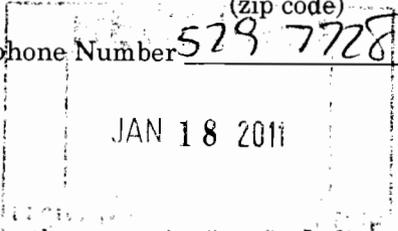
2011 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Gary S. Hopper
(circle one) (print name)

Address 107 Buxton School Rd Weare 03201
(street) (town/city) (zip code)

Office held State Rep County/District Hills Telephone Number 529 7728



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 Park Motor Products
b) Address of organization 1 Park Dr Hills NH
c) Type of organization manufacturer

- 2) a) Name of business, profession, or other organization My wife works at Memorial Hills School
b) Address of organization Manchester NH
c) Type of organization School

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

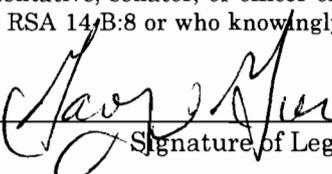
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's 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.
Wife is a teacher
- (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
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer TIMOTHY HARRIGAN
(circle one) (print name)
Address 7A FACULTY RD ; DURHAM NH 03824
(street) (town/city) (zip code)
Office held Stafford County/District 7 Telephone Number 603 8683342

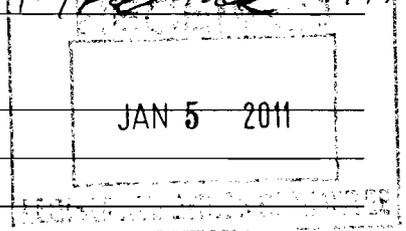
I. Sources of Income

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 Timothy Harrigan
b) Address of organization 7A Faculty Rd; Durham NH 03824
c) Type of organization computer consulting + freelance writing

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



(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

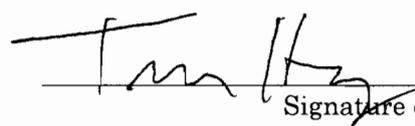
Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

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

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

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

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

 1-5-2011

Signature of Legislator/Officer Date

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

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Rep. Thomas J. Howard
(circle one) (print name)
Address 22 Ash Swamp Brook Rd. Croydon NH. 05733
(street) (town/city) (zip code)
Office held Rep? County/District Sullivan Dist 2 Telephone Number 603-863-2700

JAN 25 2011

I. Sources of Income

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

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

- 1) a) Name of business, profession, or other organization Severely Carpets
b) Address of organization 861 Rte 10 N. Croydon N.H. 05733
c) Type of organization flooring

- 2) a) Name of business, profession, or other organization Loaves
b) Address of organization Washington St Claremont NH.
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

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.

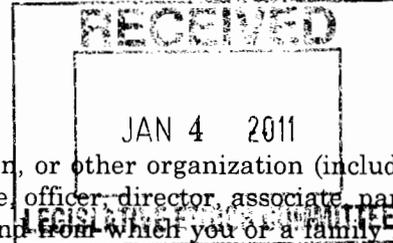
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(over)

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 John B. Hunt
(circle one) (print name)
Address 165 Sunridge Ridge 03461
(street) (town/city) (zip code)
Office held Representative County/District Cheshire 7 Telephone Number 899-6000



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 Sunridge Farm LLC
b) Address of organization 165 Sunridge Rd. Ridge NH
c) Type of organization Property Management + Rental

 - 2) a) Name of business, profession, or other organization Elmhurst Group
b) Address of organization 1 Bigelow Sq Pitt. PA 15215
c) Type of organization Real Estate + Security Monitoring
- (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 Karen K Hutchinson
(circle one) (print name)

Address 11 Buttrick Rd Londonderry NH 03053
(street) (town/city) (zip code)

Office held Representative County/District Rockingham Telephone Number 603 4349415
Dist. 3

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.

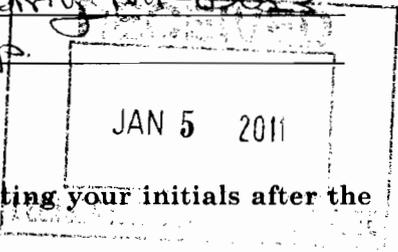
For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization Blue Eagle Realty
- b) Address of organization 11 Buttrick Rd Londonderry NH 03053
- c) Type of organization Real Estate Brokerage

- 2) a) Name of business, profession, or other organization Cracker Barrel Old Country Store
- b) Address of organization 13 Nashua Rd Londonderry NH 03053
- c) Type of organization Restaurant + Gift Shop

(attach additional sheets if necessary)

See Attachment '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.

(c) Insurance.

(d) Real estate, including brokers, agents, developers, and landlords.
Owner/proprietor of Blue Eagle Realty.

(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.

Karen K. Harte 1/4/11
Signature of Legislator/Officer Date

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

Attachment 'A' to
2011 Financial Disclosure Form
Rep. Karen K. Hatchman.

Employment-Spouse:

3) New England Auto Auction
3 Action Blvd Londonderry NH, 03053
Car auction - wholesale

4) Capital Car Auction
Londonderry Turnpike Manchester NH
Car auction

K.H.

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 WINFRED HUTCHINSON
(circle one) (print name)
Address 386 ORANGE ST MANCHESTER 03104
(street) (town/city) (zip code)
Office held Representative County/District Hillsborough 9 Telephone Number 603-647-2395

I. Sources of Income

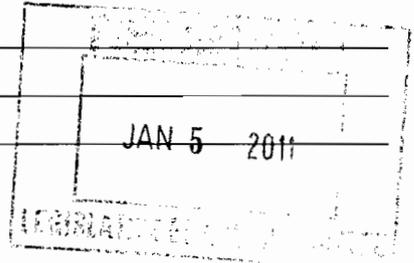
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 MULLER SERVICES
b) Address of organization 116 MARIST TOWAWANDA NY
c) Type of organization INSURANCE UNDERWRITING REPORTS

- 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.
INSURANCE DATA MINING (Not sure if NH license required.)

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.

Walter Hutchinson 02/03/11
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 Robert Huxley
(circle one) (print name)
Address 108 Crestwood Ln Greenville NM 03048
(street) ~~State~~ (town/city) (zip code)
Office held Representative County/District Millsborough 3 Telephone Number 603-878-4766

I. Sources of Income

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

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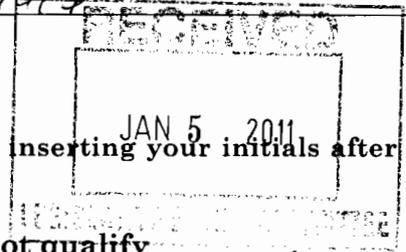
- 1) a) Name of business, profession, or other organization EmbroidMe of Fitchburg
b) Address of organization 30 John Fitch Highway East Fitchburg MA 01450
c) Type of organization Embroidery / promotional products

- 2) a) Name of business, profession, or other organization Unemployment
b) Address of organization State of NM
c) Type of organization Unemployment insurance

(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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