2012 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name DOUGLAS M. AIKEN Work Address 9 BENTLEY ROAD, MOULTONBOROUGH, NH 03254

Primary Occupation DEPUTY EXECUTIVE DIRECTOR e-mail *optional _____ Work Phone 603.253.9111

The office, position, appointment, or employment with state government held by you. NO ACRONYMS ENHANCED 9-1-1 COMMISSION

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of $10,000 was derived during the preceding calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.* (Use additional sheets as necessary.)

1. LAKES REGION MUTUAL FIRE AID, 62 COMMUNICATIONS DR., LACONIA, NH 03246 - FIRE INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION, 165 E. UNION ST., NEWARK, NY 14513 - NON PROFIT
2. IMSA EDUCATIONAL FOUNDATION, P.O. BOX 146, CENTER HARBOR, NH 03226, NON-PROFIT NH RETIREMENT SYSTEM, CONCORD, NH - RETIREE

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify _____

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government 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:

☒ 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: HOLD MASTER ELECTRICIAN LICENSE

☐ 2. Health Care	☐ 3. Insurance	☐ 4. Real Estate, including brokers, agent, developers, and landlords	☐ 5. Banking or financial services	☐ 6. State of New Hampshire, county, or municipal employment
☒ 7. N.H. RetirementSystem	☐ 8. Current use land assessment program	☐ 9. Restaurants/ lodging	☐ 10. Sale and distribution of alcoholic beverages	☐ 11. Practice of law
☐ 12. Any business regulated by the Public Utilities Commission	☐ 13. Horse or dog racing, or other legal forms of gambling	☐ 14. Education	☐ 15. Water Resources	
☐ 16. Agriculture	17. N.H. taxes: ☐ Business Profits Tax ☐ Business Enterprise Tax ☐ Interest and Dividends Tax	☐ *18. Optional*: Specify any other area in which you have a special interest —		

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

RECEIVED
JAN 2[illegible] 2012
NEW HAMPSHIRE
SECRETARY OF STATE

Date 1/20/12

Signature of Reporting Individual

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301