

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

Type or Print Clearly

Full Name STEPHEN PAUL BARBA Work Address PLYMOUTH STATE UNIVERSITY MSC #2 PLYMOUTH, NH 03264-1895
 Primary Occupation HIGHER EDUCATION ADMINISTRATION ~~ACRONYM~~ Email *optional sbarba@plymouth.edu Work Phone 603/535-3268

The office, position, appointment, or employment with state government held by you. MEMBER OF THE BOARD OF DIRECTORS OF THE NEW HAMPSHIRE HUMANITIES COUNCIL
 NO ACRONYMS

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.)

- NEIL AND LOUISE TILLOTSON TRUST AND TILLOTSON CORPORATION
 SPECIAL TRUSTEE OF CHARITABLE TRUST MEMBER OF BOARD OF DIRECTOR MANUFACTURING COMPANY TILLOTSON CORP. 450 BEDFORD STREET LEXINGTON, MA 02420 781-402-1731
- CITIZENS BANK
 MEMBER OF THE REGIONAL ADVISORY BOARD

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: _____

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> 2. Health Care | <input type="checkbox"/> 3. Insurance | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> 5. Banking or financial services | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment |
| <input type="checkbox"/> 7. N.H. Retirement System | <input type="checkbox"/> 8. Current use land assessment program | <input type="checkbox"/> 9. Restaurants/ lodging | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input type="checkbox"/> 11. Practice of law |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling | <input checked="" type="checkbox"/> 14. Education | <input type="checkbox"/> 15. Water Resources | |
| <input type="checkbox"/> 16. Agriculture | <input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input checked="" type="checkbox"/> Interest and Dividends Tax | <input type="checkbox"/> 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. ~~NOT MORE THAN GENERAL~~ **RECEIVED** **RECEIVED** 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** **RECEIVED**

Date JUL 16, 2012

Stephen P. Barba
 Signature of Reporting Individual

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 JUL 17 2012
 JUL 1 2012
 NEW HAMPSHIRE
 SECRETARY OF STATE
 SECRETARY OF STATE