

**STATEMENT OF FINANCIAL INTERESTS**  
**FOR MEMBERS OF THE PEASE DEVELOPMENT AUTHORITY**  
**(RSA 12-G)**



Name and Address of Member: ROBERT F. PRESTON, 63 OCEAN BLVD, HAMPTON, N.H., 03842

I. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity in which you had income in excess of \$10,000 from during the preceding calendar year.

a. PRESTON REAL ESTATE, 186 OCEAN BLVD, SEABROOK, N.H., 03874

b. \_\_\_\_\_

c. \_\_\_\_\_

II. State-Associated Debt. List all debts as required by RSA 12-G:4-a, III (b). (See other side for copy of law).

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

III. State-Associated Credit. List all credits as required by RSA 12-G:4-a, III (b) (See other side for copy of law).

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

(Use additional sheets as necessary for sections 1, 2 and 3)

Signed under penalties of perjury:

Signature of Member: Robert F. Preston

Date: 6/2/12

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

Type or Print Clearly

Full Name

ROBERT F. PRESTON

Work Address

186 OCEAN BLVD, SEABROOK, N.H. 03874

Primary Occupation

R.E. BROKER

e-mail \*optional

Work Phone

The office, position, appointment, or employment with state government held by you. NO ACRONYMS

ADVISORY COMMISSION DRED

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.)

- PRESTON REAL ESTATE, SEABROOK, N.H.
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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:

<input type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: REAL ESTATE LICENSE - BROKER					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input checked="" 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 type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input 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. 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.

Date

12/15/11

*Robert F. Preston*

Signature of Reporting Individual

RECEIVED

MAY 21 2012

NEW HAMPSHIRE DEPARTMENT OF STATE