2012 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 WADDELL
(circle one) (print name)

Address 190 King's Highway A-8 Hampton NH 03842
(street) (town/city) (zip code)

Office held Representative County/District Rockingham 15 Telephone Number 601-6108

JAN 4 2012

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 Massachusetts Retirement
   b) Address of organization Boston MA
   c) Type of organization State Retirement

2) a) Name of business, profession, or other organization Phillips Exeter Academy
   b) Address of organization Exeter 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.

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

(over)

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

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

_____

☐ (b) Health Care.

_____

☐ (c) Insurance.

_____

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

_____

☐ (e) Banking or financial services.

_____

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

_____

☐ (g) New Hampshire Retirement System.

_____

☐ (h) Current use land assessment program.

_____

☐ (i) Restaurants and lodging.

_____

☐ (j) Sale and distribution of alcoholic beverages.

_____

☐ (k) Practice of law.

_____

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

_____

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

_____

☐ (n) Education.

_____

☐ (o) Water resources.

_____

☐ (p) Agriculture.

_____

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

_____

☐ (r) Other.

_____

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

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

1/21/2012

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 Janet G. Wall
(circle one) (print name)

Address 9 Kelley Rd. Madbury 03823
(street) (town/city) (zip code)

Office held Legislator County/District Strafg 7 Telephone Number (603) 749-3051

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 X JGW.

II. Disclosure of Financial Interests

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

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

(over)

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

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

  _____

- ☐ (b) Health Care.

  _____

- ☐ (c) Insurance.

  _____

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

  _____

- ☐ (e) Banking or financial services.

  _____

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

  _____

- ☐ (g) New Hampshire Retirement System.

  _____

- ☐ (h) Current use land assessment program.

  _____

- ☐ (i) Restaurants and lodging.

  _____

- ☐ (j) Sale and distribution of alcoholic beverages.

  _____

- ☐ (k) Practice of law.

  _____

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

  _____

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

  _____

- ☐ (n) Education.

  _____

- ☐ (o) Water resources.

  _____

- ☐ (p) Agriculture.

  _____

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

  _____

- ☐ (r) Other.

  _____

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

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

Janet Gilall — January 2, 2012

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 Mary Jane Wallner
(circle one) (print name)

Address 4 Chestnut Pasture Rd 03301
(street) (town/city) (zip code)

Office held St. Representative County/District Merr 12 Telephone Number 225-5249

I. Sources of Income

JAN 5 2012

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 Merrimack Valley Day Care
   b) Address of organization 19 No. Fruit St Concord
   c) Type of organization child care

2) a) Name of business, profession, or other organization American Automobile Association
   b) Address of organization Ft. Eddy Rd Concord, N.H.
   c) Type of organization auto club

(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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  Child Care
- [ ] (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.

Mary Jane Wall 1/2/12

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 JOANNE A. WARD
(circle one) (print name)

Address 6 WEDGEWOOD DRIVE STRATHAM 03885
(street) (town/city) (zip code)

Office held Representative County/District Rock 13 Telephone Number 603-772-5145

JAN 11 2012

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 Clipper Harbor, Sunbridge Portsmouth
   b) Address of organization 188 Jones Ave, Portsmouth, NH
   c) Type of organization Nursing Home / Rehab

2) a) Name of business, profession, or other organization St. Joseph Community Services, Inc
   b) Address of organization 394 DW Highway, Merrimack NH 03054
   c) Type of organization Meals on Wheels

(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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  licensed dietitian
- [x] (b) Health Care.
  I work in LTC / NH / Rehab facility
- [ ] (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.

James D Ward, State Representative 1/9/12

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 Mark Warden
(circle one) (print name)

Address 2 Larch St #19 Manchester 03102
(street) (town/city) (zip code)

Office held State Rep County/District Hills 7 Telephone Number 391-2888

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 realty – real estate agent
   b) Address of organization
   c) Type of organization

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

(attach additional sheets if necessary)

RECEIVED
DEC 28 2011
LEGISLATIVE ETHICS COMMITTEE

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:

- [x] (a) 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 sales license

- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [x] (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.

Mal Ward 12-24-11

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Kevin K Waterhouse (print name)

Address 125 Haverhill Rd. (street) Windham (town/city) 03087 (zip code)

Office held State Rep County/District Rockingham 4 Telephone Number 965-3458

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 Waterhouse's Country Store Inc.
   b) Address of organization 125 Haverhill Rd Windham NH 03087
   c) Type of organization Retail + Gas Sales

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

(attach additional sheets if necessary)

JAN 5 2012

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.
- [x] (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.
- [x] (i) Restaurants and lodging.
- [x] (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.
- [x] (o) Water resources.
- [ ] (p) Agriculture.
- [x] (q) New Hampshire taxes: [x] Business Profits Tax, [x] 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.

Kevin K. Waterhouse 1/5/12

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) REP. RICK WATROUS (print name)

Address 9 WILSON AVE (street) CONCORD (town/city) 03301 (zip code)

Office held REPRESENTATIVE County/District MER. 12 Telephone Number 228-2446

RECEIVED
JAN 11 2012

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 NHTI - Concord's Community College
   b) Address of organization 31 College Drive, Concord, NH 03301
   c) Type of organization state community College

2) a) Name of business, profession, or other organization New Hampshire Humanities Council
   b) Address of organization 117 Pleasant St. Concord, NH 03301
   c) Type of organization Nonprofit

(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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business. Deborah Watsons (wife) works at NH Humanities Council - 501c3 nonprofit certified by Attorney General
- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [ ] (d) Real estate, including brokers, agents, developers, and landlords.
- [ ] (e) Banking or financial services.
- [x] (f) State of New Hampshire, county or municipal employment. I work as an adjunct professor for NHTI in Concord.
- [ ] (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.

Richard (Rick) H. Watsons 1-10-2012

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 H. WATTERS
(circle one) (print name)

Address 19 MAPLE ST DOVER 03820
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District STRAFFORD 4 Telephone Number 969-9224

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 UNIVERSITY OF NEW HAMPSHIRE
   b) Address of organization DURHAM, NH 03824
   c) Type of organization UNIVERSITY

2) a) Name of business, profession, or other organization FITCHBURG STATE UNIVERSITY
   b) Address of organization FITCHBURG, MA
   c) Type of organization UNIVERSITY

(attach additional sheets if necessary)

RECEIVED
DEC 28 2011
LEGISLATIVE ETHICS COMMITTEE

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
- ☐ (b) Health Care.
- ☐ (c) Insurance.
- ☐ (d) Real estate, including brokers, agents, developers, and landlords.
- ☐ (e) Banking or financial services.
- ☐ (f) State of New Hampshire, county or municipal employment.
- ☐ (g) New Hampshire Retirement System.
- ☐ (h) Current use land assessment program.
- ☐ (i) Restaurants and lodging.
- ☐ (j) Sale and distribution of alcoholic beverages.
- ☐ (k) Practice of law.
- ☐ (l) Any business regulated by the Public Utilities Commission.
- ☐ (m) Horse or dog racing, or other legal forms of gambling.
- ☒ (n) Education.
  UNIVERSITY OF NEW HAMPSHIRE PROFESSOR
- ☐ (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.

David H. Watter — 12/24/11

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 C Webb SR
(circle one) (print name)

Address 6 Independence Ave Derry 03038
(street) (town/city) (zip code)

Office held Rep County/District Rockingham 5 Telephone Number 434 3475

JAN 5 2012

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 Anheuser Busch
   b) Address of organization 229 Dw Highway Merrimack NH
   c) Type of organization Manufacturing

2) a) Name of business, profession, or other organization MWRA
   b) Address of organization Griffin way Chelsea MA.
   c) Type of organization Water Resource Mass State

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

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

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

[signature] 1-5-11

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Lucy McVitty Weber (print name)

Address 217 Old Keene Road (street) Walpole (town/city) NH (zip code) 03608

Office held State Rep. County/District Cheshire 2 Telephone Number 756-4338

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

JAN 4 2012

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 LMW(W).

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.
  Ballot clerk, Town of Walpole, less than 20 hours/year.
- ☐ (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: 4 Jan 2012

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Charles F. Weed (print name)

Address 28 Damon Ct (street) Keene (town/city) 03431 (zip code)

Office held Representative County/District Cheshire/Keene Telephone Number 6033528309

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 Univ. System of NH
   b) Address of organization Keene State College 229 Main St Keene 03435
   c) Type of organization liberal arts higher education

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

(attach additional sheets if necessary)

JAN 11 2012

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

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

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

Charles F. Updike — Jan. 6, 2012

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 Michael Weeden
(circle one) (print name)

Address 365 6th Street Dover 03820
(street) (town/city) (zip code)

Office held State Representative County/District Strafford 6 Telephone Number 603-312-2243

JAN 18 2012

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 MW.

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.
  Part time dietary aid (Riverside Rest Home)
- ☐ (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.

Michael W. [illegible] 1-18-12

Signature of Legislator/~~Officer~~ Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 Welch
(circle one) (print name)

Address 9 Fifth St Kingston 03848-0570
(street) (town/city) (zip code)

Office held Representative County/District Rock 8 Telephone Number 642-4402

JAN 3 2012

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 ALCATEL-LUCENT
   b) Address of organization Florida
   c) Type of organization Pension fund

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

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

_____

☐ (b) Health Care.

_____

☐ (c) Insurance.

_____

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

_____

☐ (e) Banking or financial services.

_____

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

_____

☐ (g) New Hampshire Retirement System.

_____

☐ (h) Current use land assessment program.

_____

☐ (i) Restaurants and lodging.

_____

☐ (j) Sale and distribution of alcoholic beverages.

_____

☐ (k) Practice of law.

_____

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

_____

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

_____

☐ (n) Education.

_____

☐ (o) Water resources.

_____

☐ (p) Agriculture.

_____

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

_____

☐ (r) Other.

_____

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

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

David A Welch — Jan 3, 2012

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Kenneth L. Weyler (print name)

Address 23 Scotland Rd. (street) Kingston (town/city) 03848 (zip code)

Office held State Rep. County/District Rock 8 Telephone Number 642-3518

JAN 11 2012

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 Seacoast Media Group
   b) Address of organization 111 New Hampshire Ave. Portsmouth, N.H.
   c) Type of organization Newspapers

2) a) Name of business, profession, or other organization AIR FORCE RESERVE RETIREMENT
   b) Address of organization P.O. BOX 7130 LONDON, KY 40742-7130
   c) Type of organization DEFENSE FINANCE AND ACCOUNTING SERVICE

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

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

☐ (b) Health Care.

☐ (c) Insurance.

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

☐ (e) Banking or financial services.

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

☐ (g) New Hampshire Retirement System.

☐ (h) Current use land assessment program.

☐ (i) Restaurants and lodging.

☐ (j) Sale and distribution of alcoholic beverages.

☐ (k) Practice of law.

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

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

☐ (n) Education.

☐ (o) Water resources.

☐ (p) Agriculture.

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

☐ (r) Other.

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

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

Kenneth L. Weyler 1/10/12

Signature of Legislator/Officer Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Andrew A. White (print name)

Address 16 Young Street (street) Lebanon (town/city) (zip code)

Office held State Rep. County/District Grafton 11 Telephone Number 448-2977

I. Sources of Income

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

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

1) a) Name of business, profession, or other organization City of Lebanon
   b) Address of organization 12 S. Park ST Lebanon
   c) Type of organization Municipality / Fire Dept

2) a) Name of business, profession, or other organization Town of Grantham
   b) Address of organization Route 10 South Grantham
   c) Type of organization Municipality

(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 _____.

JAN 9 2012

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:

- [x] (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
  Firefighter, Paramedic, Fire/EMS Instructor
- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [ ] (d) Real estate, including brokers, agents, developers, and landlords.
- [ ] (e) Banking or financial services.
- [x] (f) State of New Hampshire, county or municipal employment.
  City of Lebanon + Town of Grantham (Self + Wife Employment)
- [x] (g) New Hampshire Retirement System.
  Contributing Member (Self + Wife)
- [ ] (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: 1/6/2012

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 RANDALL A. WHITEHEAD
(circle one) (print name)

Address 20 PALISADE DR NASHUA NH 03062
(street) (town/city) (zip code)

Office held REP County/District 26 Telephone Number 774-392-0308

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 RET. FUND MA STATE TEACHERS
   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)

JAN 4 2012

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.
  STATE REP DIST. 24
- ☐ (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 1/4/12

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 F. WILLETTE
(circle one) (print name)

Address 218 BALL HILL ROAD MILFORD 03055
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District HILLSBOROUGH 6 Telephone Number 603 673 1465

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 BAE (SANDERS/LOCKHEED) RETIREE
   b) Address of organization NASHUA NH
   c) Type of organization MANUFACTURING

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

RECEIVED DEC 29 LEGISLATIVE

(attach additional sheets if necessary)

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

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

II. Disclosure of Financial Interests

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

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

(over)

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

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.
- ☐ (b) Health Care.
- ☐ (c) Insurance.
- ☐ (d) Real estate, including brokers, agents, developers, and landlords.
- ☐ (e) Banking or financial services.
- ☐ (f) State of New Hampshire, county or municipal employment.
- ☐ (g) New Hampshire Retirement System.
- ☐ (h) Current use land assessment program.
- ☐ (i) Restaurants and lodging.
- ☐ (j) Sale and distribution of alcoholic beverages.
- ☐ (k) Practice of law.
- ☐ (l) Any business regulated by the Public Utilities Commission.
- ☐ (m) Horse or dog racing, or other legal forms of gambling.
- ☒ (n) Education.
  MILFORD SCHOOL BOARD
- ☐ (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.

R.F. Wellette — 12-26-11

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) ROBERT W. WILLIAMS (print name)

Address 149 EAST SIDE DRIVE #183 (street) CONCORD, NH (town/city) 03301 (zip code)

Office held REPRESENTATIVE County/District MERRIMACK 11 Telephone Number 603 225-9283

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 _____

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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 RWW.

II. Disclosure of Financial Interests

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

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

(over)

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

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

_____

☐ (b) Health Care.

_____

☐ (c) Insurance.

_____

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

_____

☐ (e) Banking or financial services.

_____

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

_____

☐ (g) New Hampshire Retirement System.

_____

☐ (h) Current use land assessment program.

_____

☐ (i) Restaurants and lodging.

_____

☐ (j) Sale and distribution of alcoholic beverages.

_____

☐ (k) Practice of law.

_____

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

_____

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

_____

☐ (n) Education.

_____

☐ (o) Water resources.

_____

☐ (p) Agriculture.

_____

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

_____

☐ (r) Other.

_____

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

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

Robert W. Walker — 1/04/2012

Signature of Legislator/Officer — Date

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 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 STEVEN J. WINTER
(circle one) (print name)

Address PO BOX 522 NEWBURY, NH 03255
(street) (town/city) (zip code)

Office held HOUSE MEMBER County/District MERR 3 Telephone Number 603-763-9743

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

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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 SJW.

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.
  CONTRIBUTE ANNUALLY TO CURRENT USE ADVOCACY
- ☐ (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: 1/11/12

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

2012 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer (circle one) Colette Worsman (print name)

Address 62 Black Brook Rd (street) Meredith (town/city) NH 03253 (zip code)

Office held Rep County/District Belknap 3 Telephone Number 528-1991

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 Gold Eagle Contracting Inc
   b) Address of organization 62 Black Brook Rd Meredith
   c) Type of organization Construction

2) a) Name of business, profession, or other organization Gold Eagle Realty LLC, GCW LLC
   b) Address of organization 62 Black Brook Rd
   c) Type of organization Realty

(attach additional sheets if necessary)

JAN 4 2012

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:

- [x] (a) 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 Broker, Septic Installer, AST, UST, Gas fitters license
- [ ] (b) Health Care.
- [ ] (c) Insurance.
- [x] (d) Real estate, including brokers, agents, developers, and landlords.
- [ ] (e) Banking or financial services.
- [x] (f) State of New Hampshire, county or municipal employment.
  Selectman Town of Meredith, County Delegate - Belknap
- [ ] (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.
- [x] (q) New Hampshire taxes: [x] Business Profits Tax, [x] Business Enterprise Tax, [x] Interest and Dividends Tax.
- [x] (r) Other.
  Have some mutual funds, stocks

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: 12/27/11

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.