

# 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 Patrick E. Abrami  
(circle one) (print name)

Address 9 Tall Pine Drive Stratham 03995  
(street) (town/city) (zip code)

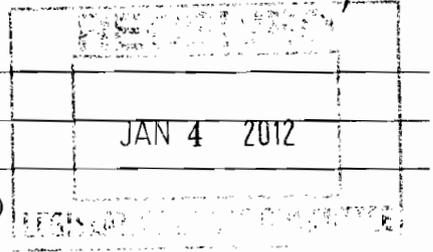
Office held State Rep County/District Rockingham 13 Telephone Number 603 772 3489

### 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 Applied Management Systems  
 b) Address of organization 3 New England Executive Park Burlington, MA 01803  
 c) Type of organization Management Consulting Firm (Healthcare Operations)
  
- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
 b) Address of organization \_\_\_\_\_  
 c) Type of organization \_\_\_\_\_



(attach additional sheets if necessary)

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

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

### II. Disclosure of Financial Interests

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

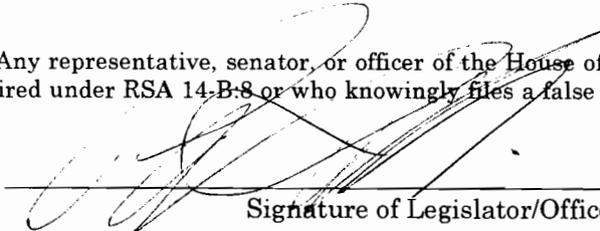
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could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

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

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

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

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

  
Signature of Legislator/Officer

*1/2/11*  
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 HARRY ACCORN 320  
(circle one) (print name)

Address 18 SANBORN ST LACONIA, NH 03246  
(street) (town/city) (zip code)

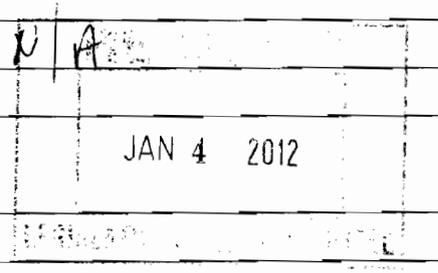
Office held LEGISLATOR County/District 4 Telephone Number 387-9708

### 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 HA.

### II. Disclosure of Financial Interests

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

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(over)



# 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 D. Aguiar  
(circle one) (print name)  
Address 21 Depot St. Camp ton 03223  
(street) (town/city) (zip code)  
Office held Representative County/District Grafton # Telephone Number 726-3412

### 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 _____ | RECEIVED<br>JAN 4 7 012 |
| b) Address of organization _____                                |                         |
| c) Type of organization _____                                   |                         |
| 2) a) Name of business, profession, or other organization _____ | RECEIVED<br>JAN 4 7 012 |
| 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 JDA.

### II. Disclosure of Financial Interests

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

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(over)

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

- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.  
My wife is a registered nurse
- (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.  
I am an assistant coach at Plymouth State Un.
- (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. Aguirre      1-4-12  
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 CHRISTOPHER J. AHLGREN  
(circle one) (print name)

Address 20 DARWINS WOLFEBORO 03894  
(street) (town/city) (zip code)

Office held REP. County/District ARLW #4 Telephone Number (603) 986-3130

### 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 JO GREENS GARDEN ATE INC.  
 b) Address of organization PO BOX 1585 WOLFEBORO 03894  
 c) Type of organization RESTAURANT
  
- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
 b) Address of organization \_\_\_\_\_ JAN 4 2012  
 c) Type of organization \_\_\_\_\_

(attach additional sheets if necessary)

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

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

### II. Disclosure of Financial Interests

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

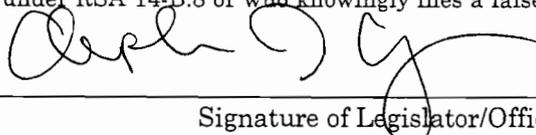
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's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

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

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

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 1/4/11  
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

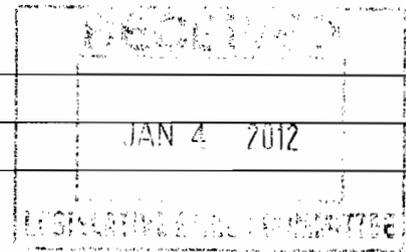
Name of Legislator/Officer MARY M. ALLEN  
(circle one) (print name)  
Address 39 Pond St. Newton 03858  
(street) (town/city) (zip code)  
Office held REP. County/District Rock II Telephone Number 382-5665

**I. Sources of Income**

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

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



(attach additional sheets if necessary)

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

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

**II. Disclosure of Financial Interests**

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

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(over)



**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 Susan Almy  
(circle one) (print name)  
Address 266 Poverty Lane 4B Lebanon 03766  
(street) (town/city) (zip code)  
Office held Representative County/District GR11 Telephone Number 448-4769

**I. Sources of Income**

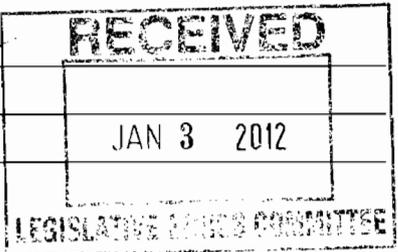
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For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization Anne Swift Almy Trust  
b) Address of organization 266 Poverty Ln 4B, Lebanon NH 03766  
c) Type of organization Family estate I administer with sister (mutual funds)

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

(attach additional sheets if necessary)



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

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

**II. Disclosure of Financial Interests**

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

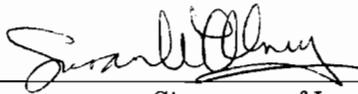
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- (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers,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

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

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

  
\_\_\_\_\_  
Signature of Legislator/Officer

1/2/12  
\_\_\_\_\_  
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 Donald C. Andolina  
(circle one) (print name)

Address 59 Littleworth Road Dover 03820  
(street) (town/city) (zip code)

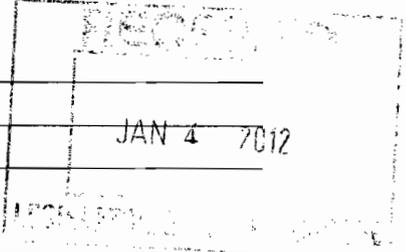
Office held Representative County/District Strafford/6 Telephone Number 603-842-6737

**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 | <u>N/A</u> |
| b) Address of organization                                | _____      |
| c) Type of organization                                   | _____      |
| 2) a) Name of business, profession, or other organization | <u>N/A</u> |
| 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 DCA *DCA*

**II. Disclosure of Financial Interests**

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

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(over)

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

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

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.

*Donald C. Andolina* *Jan. 4, 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 Jason P. Antosz  
(circle one) (print name)  
Address 177 Main St. #4 Epping NH 03042  
(street) (town/city) (zip code)  
Office held Rep County/District Rock #19 Telephone Number 603-303-3504

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 Riverwoods of Exeter  
b) Address of organization 7 Riverwood Dr. Exeter, NH  
c) Type of organization Hospitality
  
- 2) a) Name of business, profession, or other organization Langdon Place  
b) Address of organization Exeter NH, Hampton Road  
c) Type of organization Hospitality

(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 JA

**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.



**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 Kevin Avaris  
(circle one) (print name)

Address 68 Bartons Trail North NH 03063  
(street) (town/city) (zip code)

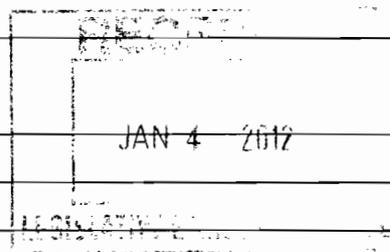
Office held \_\_\_\_\_ County/District \_\_\_\_\_ Telephone Number \_\_\_\_\_

**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 Handall Den of Clean.
- b) Address of organization 68 Bartons Trail
- c) Type of organization Cleaning
  
- 2) a) Name of business, profession, or other organization \_\_\_\_\_
- b) Address of organization \_\_\_\_\_
- c) Type of organization \_\_\_\_\_



(attach additional sheets if necessary)

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

**My or my family member's income does not qualify \_\_\_\_\_.**

**II. Disclosure of Financial Interests**

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

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(over)



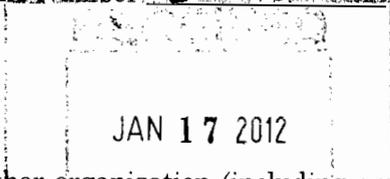
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer GARY S. AZARIAN  
(circle one) (print name)

Address 34 Tickle Fancy Lane Salem 03079  
(street) (town/city) (zip code)

Office held Rep. County/District Rock. 4 Telephone Number 890-8669



**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 Donabedian Bros. Inc.  
b) Address of organization 475 So. Broadway, Salem NH. 03079  
c) Type of organization Food Service wholesaler
  
- 2) a) Name of business, profession, or other organization AZARIAN Realty Trust  
b) Address of organization 34 Tickle Fancy Lane, Salem, NH. 03079  
c) Type of organization Real Estate Development, management

(attach additional sheets if necessary)

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

**My or my family member's income does not qualify \_\_\_\_\_.**

**II. Disclosure of Financial Interests**

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

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JP Morgan/Chase Financial  
2 Northwestern Drive  
Salem, NH 03079

Banking and Financial services

