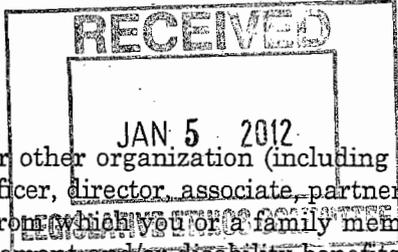


**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer REP DAVID L. BURBSON, JR.  
(circle one) (print name)  
Address 100 BROWN RIDGE RD P.O. BOX 10  
(street) (town/city) (zip code)  
Office held REP County/District 3 Telephone Number 539-4928



**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 MNI Co.
- b) Address of organization SAME AS ABOVE
- c) Type of organization MFG REP
  
- 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)



**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 A. BALBONI  
(circle one) (print name)

Address 44 LOCHMERE LANE, NASHUA 03063  
(street) (town/city) (zip code)

Office held REP County/District HILLS 21 Telephone Number 603-598-3851

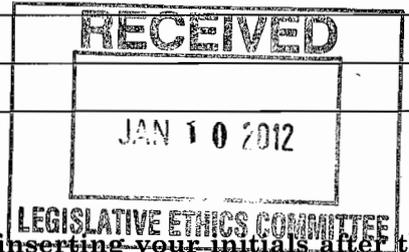
**I. Sources of Income**

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 MERRIMACK VALLEY BAPTIST CHURCH  
b) Address of organization 517 BOSTON POST ROAD, MERRIMACK, NH  
c) Type of organization CHURCH

- 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.



# 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 AL Baldasaro  
(circle one) (print name)

Address 41 Hall Rd Londonderry, NH 03053  
(street) (town/city) (zip code)

Office held State Rep County/District Rockingham / 3 Telephone Number 425-6997

### 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 N/A

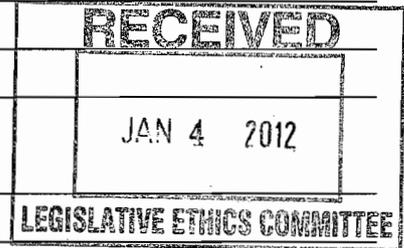
b) Address of organization \_\_\_\_\_

c) Type of organization \_\_\_\_\_

2) a) Name of business, profession, or other organization N/A

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 ALB.

### 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.

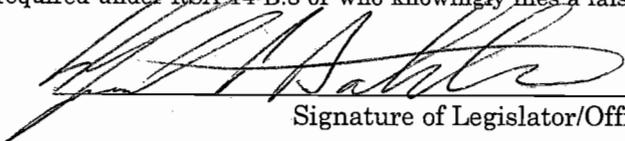
(over)

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.  
NO
- (b) Health Care.  
NO
- (c) Insurance.  
NO
- (d) Real estate, including brokers, agents, developers, and landlords.  
NO
- (e) Banking or financial services.  
NO
- (f) State of New Hampshire, county or municipal employment.  
NO
- (g) New Hampshire Retirement System.  
NO
- (h) Current use land assessment program.  
NO
- (i) Restaurants and lodging.  
NO
- (j) Sale and distribution of alcoholic beverages.  
NO
- (k) Practice of law.  
NO
- (l) Any business regulated by the Public Utilities Commission.  
NO
- (m) Horse or dog racing, or other legal forms of gambling.  
NO
- (n) Education.  
NO
- (o) Water resources.  
NO
- (p) Agriculture.  
NO
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  
 Interest and Dividends Tax.  
NO
- (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.

  
Signature of Legislator/Officer

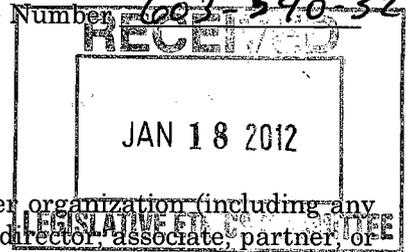
1/4/2012  
Date

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 JOHN MICHAEL BALL  
(circle one) (print name)  
Address 73 WELLINGTON HILL ROAD / MANCHESTER / 03104  
(street) (town/city) (zip code)  
Office held STATE REP. County/District HILLSBOROUGH Telephone Number 603-540-3223  
DISTRICT 9



**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 CB RICHARD ELLIS - NEW ENGLAND  
b) Address of organization 2 WALL ST. / MANCHESTER, NH 03101  
c) Type of organization COMMERCIAL REAL ESTATE
  
- 2) a) Name of business, profession, or other organization BEST BUY CORPORATION  
b) Address of organization MINNEAPOLIS, MINNESOTA  
c) Type of organization ELECTRONICS RETAILER

(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.  
I HOLD A REAL ESTATE SALES LICENSE IN NH.
- (b) Health Care.
- (c) Insurance.
- (d) Real estate, including brokers, agents, developers, and landlords.  
I AM AN ASSOCIATE WITH CB RICHARD ELLIS / COMMERCIAL REAL ESTATE
- (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.

*J. Michael Ball*      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

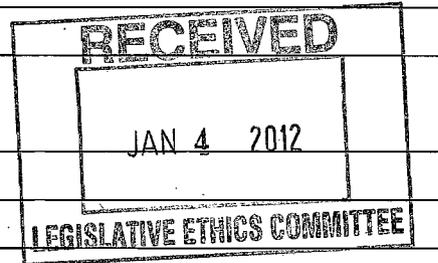
Name of Legislator/Officer Benjamin C-Barody  
(circle one) (print name)  
Address 1175 Bridge St. Manchester 03104  
(street) (town/city) (zip code)  
Office held State Rep County/District Hills 13 Telephone Number 603-627-1122

**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 BCB.

**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)



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

As prescribed by RSA 14-B:8

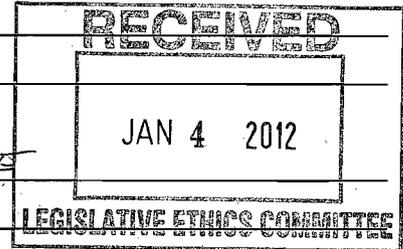
Name of Legislator/Officer J. GAIL BERRY  
(circle one) (print name)  
Address 51 W. Elmwood Ave MANCHESTER 03103  
(street) (town/city) (zip code)  
Office held Rep County/District Hills 16 Telephone Number 625-8174

**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 \_\_\_\_\_
- 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 JGB.

**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

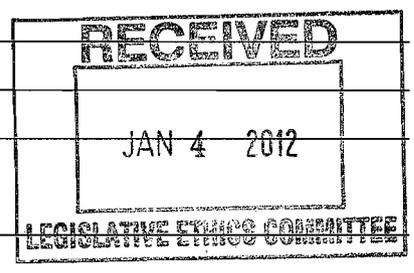
Name of Legislator/Officer RICHARD W. BARRY  
(circle one) (print name)  
Address 12 KYLE ROAD MERRIMACK, NH. 03054  
(street) (town/city) (zip code)  
Office held STATE REPRESENTATIVE County/District HILLS-19 Telephone Number (603) 880-3731

**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 RPB.

**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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**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 Bates  
(circle one) (print name)  
Address 12 Range Rd Windham 03087  
(street) (town/city) (zip code)  
Office held State Representative County/District Rock 4 Telephone Number 894-6987

**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 _____ | <table border="1"><tr><td align="center"><b>RECEIVED</b></td></tr><tr><td align="center">DEC 29 2011</td></tr><tr><td align="center"><b>LEGISLATIVE ETHICS COMMITTEE</b></td></tr></table> | <b>RECEIVED</b> | DEC 29 2011 | <b>LEGISLATIVE ETHICS COMMITTEE</b> |
| <b>RECEIVED</b>   |  |                 |             |                                     |
| DEC 29 2011   |  |                 |             |                                     |
| <b>LEGISLATIVE ETHICS COMMITTEE</b>                             |  |                 |             |                                     |
| 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 DB.

**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.
- (b) Health Care.  
NH Healthy Kids
- (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 Bates

Signature of Legislator/Officer

12-27-2011

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 THOMAS L. BEATTIE  
(circle one) (print name)

Address 25 MAYBROOK ST. MANCHESTER 03102  
(street) (town/city) (zip code)

Office held REPRESENTATIVE County/District HILLS/11 Telephone Number 603.918.7557

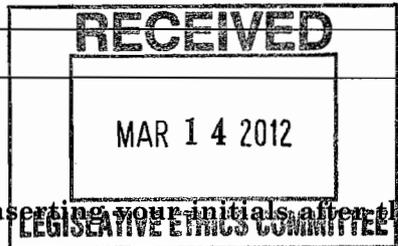
**I. Sources of Income**

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 SOFTTEK
- b) Address of organization \_\_\_\_\_
- c) Type of organization SOFTWARE DEVELOPMENT AND INTEGRATION COMPANY
  
- 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.



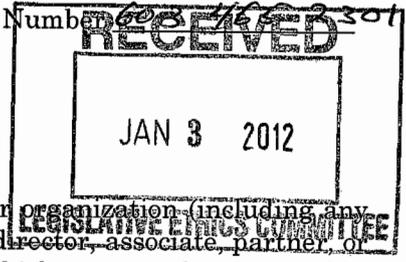
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer JAMES P. BELANGER  
(circle one) (print name)

Address 32 PLAIN RD HOLLIS NH 03049  
(street) (town/city) (zip code)

Office held REP County/District HILLSBOROUGH DIST 5 Telephone Number 603 466 3301



**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 HORIZON COMMUNICATIONS
- b) Address of organization 32 PLAIN RD HOLLIS NH 03049
- c) Type of organization CELL TOWER & RENTAL PROPERTY

- 2) a) Name of business, profession, or other organization J & J STORAGE
- b) Address of organization 32 PLAIN RD HOLLIS NH 03049
- c) Type of organization MINI SELF STORAGE UNITS

(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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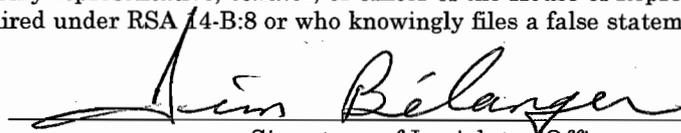
(over)

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.  
I RENT OUT (1) BUSINESS AND (1) RESIDENCE BLDG
- (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 HAVE 17 ACRES IN CURRENT USE
- (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.  
I PAY BUSINESS TAXES AS REQUIRED
- (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.

 23 Dec 2011  
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

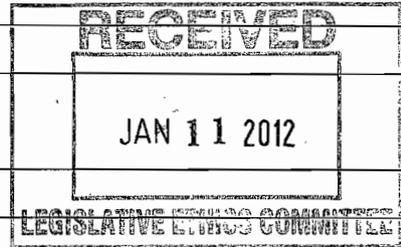
Name of Legislator/Officer STATE REP. RONALD J. BELANGER  
(circle one) (print name)  
Address 220 N. MAIN ST SALEM NH 03079  
(street) (town/city) (zip code)  
Office held STATE REP. County/District ROCK Telephone Number 603-893-0659

### 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 RJB

### 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 of Legislator/Officer

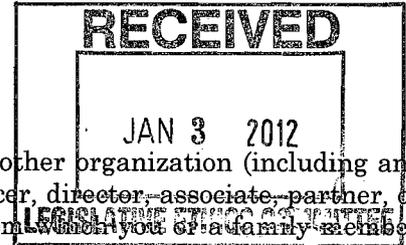
1/11/12  
Date

**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 WILLIAM S. BELVIN  
(circle one) (print name)  
Address 231 BOSTON POST RD.; P.O. BOX 27 AMHERST, NH 0307  
(street) (town/city) (zip code)  
Office held REPRESENT. County/District HILLSBOROUGH Telephone Number 603-673-5385



**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 PRINCIPAL LIFE INS. CO.  
b) Address of organization 711 HIGH ST., DES MOINES, IA 50392-9320  
c) Type of organization RETIREMENT BENEFIT ADMINISTRATOR BY THE PRINCIPAL GROUP FOR NASHUA CO. 2, NASHUA, NH
  
- 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)

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.  
*MEMBER OF ITINGBOROUGH COUNTY EXECUTIVE COMMITTEE*
- (g) New Hampshire Retirement System.
- (h) Current use land assessment program.  
*62 ACRES OF WOODLAND, NO STRUCTURES, CURRENT USE LYNDENBOROUGH NH*
- (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.  
*WIFE HAS 1/3 OWNERSHIP IN A 200 ACRE BROWN FARM*
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax.
- (r) Other.  
*FORMER MEMBER OF PLYMOUTH STATE UNIVERSITY PRESIDENTS COUNCIL*

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.

*William A. Belmont* 12/23/2011  
 \_\_\_\_\_  
 Signature of Legislator/Officer Date

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

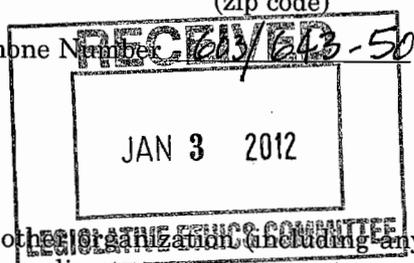
**2012 FINANCIAL DISCLOSURE FORM  
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE  
GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer BERNIE BENN  
(circle one) (print name)

Address 28 1/2 RIP RD. HANOVER 03755  
(street) (town/city) (zip code)

Office held REP. County/District GRAFTON 9 Telephone Number 603-643-5058



**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.L. BENN ARCHITECTS  
b) Address of organization 28 1/2 RIP RD. HANOVER 03755  
c) Type of organization ARCHITECTURAL PRACTICE
  
- 2) a) Name of business, profession, or other organization DARTMOUTH COLLEGE  
b) Address of organization HANOVER, NH  
c) Type of organization EDUCATION

(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.

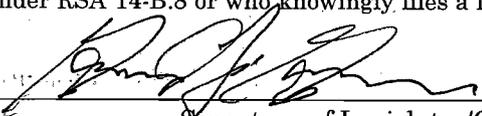
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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.  
ARCHITECTURE
- (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.  
DARTMOUTH COLLEGE
- (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

1/3/12  
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

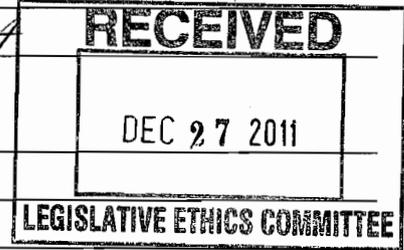
Name of Legislator Officer Jerry Benevise  
(circle one) (print name)  
Address 18 Jackson St Manchester NH 03102  
(street) (town/city) (zip code)  
Office held State Rep County/District Hillsborough Telephone Number 6688494  
17

### 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 Town of Goffstown NH  
b) Address of organization 16 Main St  
c) Type of organization Goffstown NH  
Town of NH.
- 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 Roger R Berube  
(circle one) (print name)

Address 15 Stgckpole Rd Somersworth 03878  
(street) (town/city) (zip code)

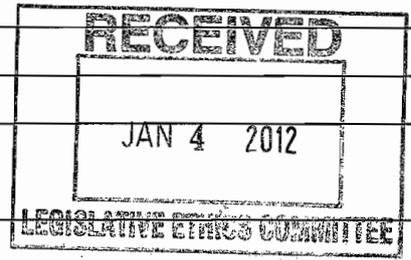
Office held Rep County/District STROFFORD Telephone Number 692 5653

**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 RRB.

**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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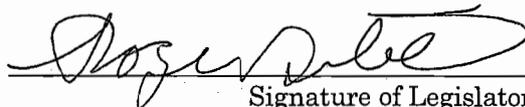
(over)

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.
- (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

Jan 4 2012

Date

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

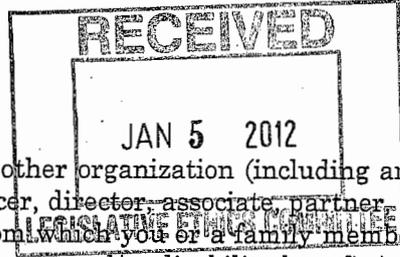
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer Rep. D. J. Bettencourt  
(circle one) (print name)

Address 332 North Broadway #311 Salem 03079  
(street) (town/city) (zip code)

Office held State Rep. County/District Rockingham Telephone Number 603-247-2868



**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 New Hampshire Legal Rights Foundation  
b) Address of organization 9 Southview Dr. Mont Vernon, NH 03057  
c) Type of organization Non-Profit
  
- 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. *118 # [unclear]*

(c) Insurance. *[unclear]*

(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.

*J. J. Battista*  
Signature of Legislator/Officer

*1/5/12*  
Date

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

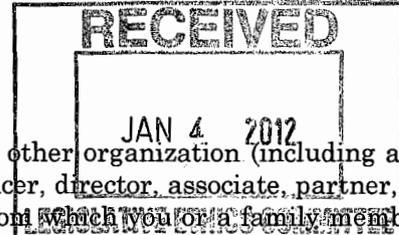
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer REGINA BIRDSELL  
(circle one) (print name)

Address 24 LARSON DR HAMPSSTEAD, NH 03841  
(street) (town/city) (zip code)

Office held State Rep County/District Rock 8 Telephone Number 603-489-1537



**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 Recruiter  
b) Address of organization Self-employed  
c) Type of organization Contractor
  
- 2) a) Name of business, profession, or other organization Sr Business Analyst  
b) Address of organization Paraxel, Billerica, MA  
c) Type of organization Pharmaceutical Contractor

(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.  
\_\_\_\_\_
- (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

11/4/2012  
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 Lynne Ferrari Blankenkemper  
(circle one) (print name)  
Address 26 Melberry St Concord, NH 03301  
(street) (town/city) (zip code)  
Office held State Rep County/District Merrimack Telephone Number 603 369-1464  
District 11

**I. Sources of Income**

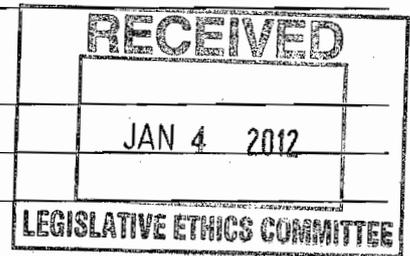
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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~~ US Navy  
b) Address of organization \_\_\_\_\_  
c) Type of organization US Military

- 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)



**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 RALPH BOEHM  
(circle one) (print name)

Address 6 GIBSON DR LITCHFIELD, NH 03052  
(street) (town/city) (zip code)

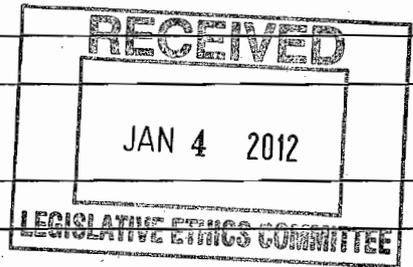
Office held REP County/District HILLS DIST 27 Telephone Number 603 860-6309

**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 RSB

**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.



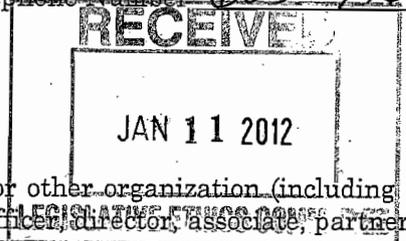
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer PETER S. BOLSTEN  
(circle one) (print name)

Address 30 STONEWALL RD, ALTON 03809  
(street) (town/city) (zip code)

Office held REP. County/District BELK #5 Telephone Number 603-776-1622



**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 MMBB  
b) Address of organization Riverside Dr., NY, NY  
c) Type of organization RELIGIOUS
  
- 2) a) Name of business, profession, or other organization WOLFBOURNE FALLS BAPT. CH.  
b) Address of organization CENTER ST, WOLFBOURNE, NH  
c) Type of organization CHURCH

(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.
- (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.  
*SELECTMAN - ALTON*
- (g) New Hampshire Retirement System.  
*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.  
*WIFE*
- (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.

*Peter S. Bolster*

Signature of Legislator/Officer

*1-11, 2012*

Date

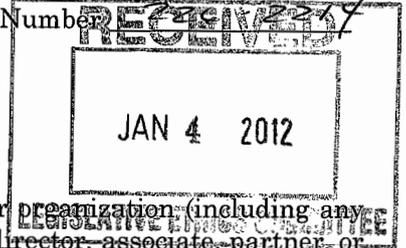
Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2012.

# 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 Candace CW Bouchard  
(circle one) (print name)  
Address 71 1/2 Village Rd Concord 03301  
(street) (town/city) (zip code)  
Office held Legislator County/District Herr. 11 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 Heritage Case Management  
b) Address of organization 4 Chenell Drive Suite 101 Concord 03301  
c) Type of organization Case Management Health care
- 2) a) Name of business, profession, or other organization STATE of NH Asst. Commissioner  
b) Address of organization Capital St. Concord 03301 Admin. Services  
c) Type of organization STATE Agency

(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)

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.  
Employer licensed by STATE
- (b) Health Care.  
Employer HCBC Case Management Provider
- (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.  
Spouse
- (g) New Hampshire Retirement System.  
Spouse
- (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.

 12/30/2011  
Signature of Legislator/Officer Date

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

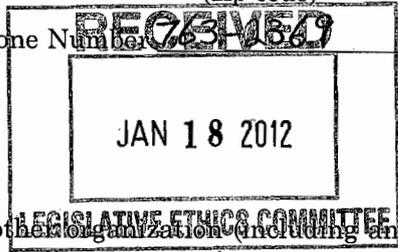
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator / Officer Spec Bowers  
(circle one) (print name)

Address 1373 Rt. 11, Box 323 Georges Mills, NH 03751  
(street) (town/city) (zip code)

Office held State Rep County/District Sullivan 3 Telephone Number 603-869-7369



**I. Sources of Income**

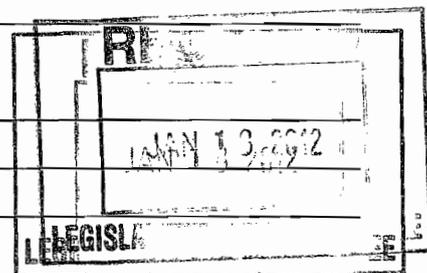
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 SDB Investments Inc.
- b) Address of organization PO Box 323, Georges Mills, NH 03751
- c) Type of organization real estate investment

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

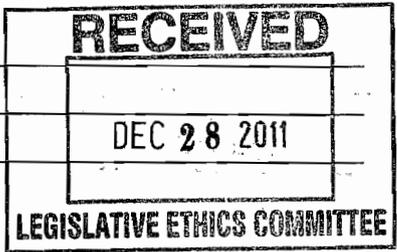
As prescribed by RSA 14-B:8

Name of Legislator/Officer LESTER W. BRADLEY  
(circle one) (print name)  
Address 315 Thornton Gore Road Thornton NH 03285  
(street) (town/city) (zip code)  
Office held Rep. County/District Grafton #4 Telephone Number 745-8037

**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 LWB.

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

As prescribed by RSA 14-B:8

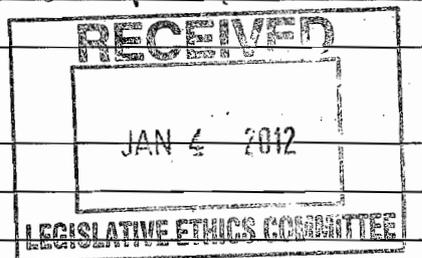
Name of Legislator / Officer Charles Brosseau  
(circle one) (print name)  
Address 28 Lindsley Cir. CampTON, NH 03223  
(street) (town/city) (zip code)  
Office held State Rep. County/District 6 Telephone Number 536-1367

**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 Town of CampTON  
b) Address of organization 1307 NH Rt 175 CampTON, NH 03223  
c) Type of organization Municipality
  
- 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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# 2012 FINANCIAL DISCLOSURE FORM

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

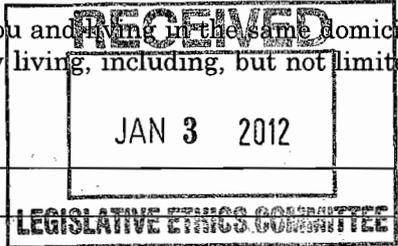
As prescribed by RSA 14-B:8

Name of Legislator Officer Julie Brown  
(circle one) (print name)  
Address 414 Lilac City East Rochester 03867  
(street) (town/city) (zip code)  
Office held Rep County/District Stafford 1 Telephone Number 332-1084

### 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 ✓.

### 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.

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.

Julie Brown 1-1-12  
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 Kevin Brown  
(circle one) (print name)  
Address 175 Searles Rd Washua 03062  
(street) (town/city) (zip code)  
Office held Rep County/District Hills 26 Telephone Number 603 577-1245

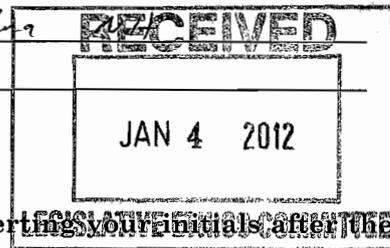
**I. Sources of Income**

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 Rivier College  
b) Address of organization 420 S. Main St Washua NH  
c) Type of organization College / Early Childhood Center
  
- 2) a) Name of business, profession, or other organization Bobs Stores  
b) Address of organization 255 Amherst St Washua  
c) Type of organization Retail

(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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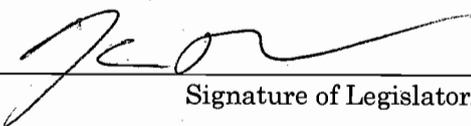
(over)

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 of Legislator/Officer

12/30/11  
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 Paul Brown  
(circle one) (print name)  
Address 3 Smith Pond Rd Raymond NH 03077  
(street) (town/city) (zip code)  
Office held Rep County/District Rock 2 Telephone Number 603 895-2269

### I. Sources of Income

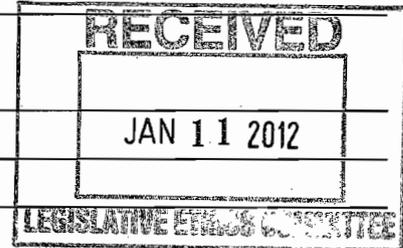
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 Paul Brown, Appraiser  
b) Address of organization 3 Smith Pond Rd Raymond NH 03077  
c) Type of organization Sole proprietors Llp

- 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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**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 Brendon S Browne  
(circle one) (print name)

Address PO Box 24 Durham 03824  
(street) (town/city) (zip code)

Office held State Rep County/District Stafford 4 Telephone Number 603-714-0836

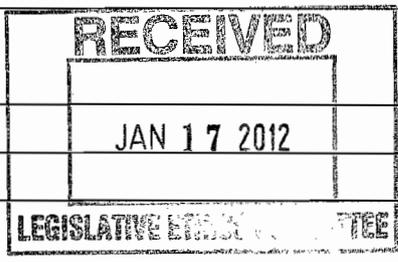
**I. Sources of Income**

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 UNH Bookstore  
 b) Address of organization 83 Main St Durham NH 03824  
 c) Type of organization Refc 1

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.

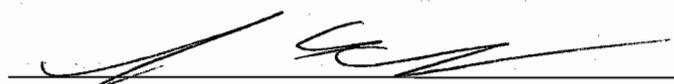
**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could 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.

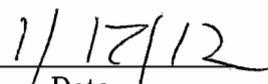
Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- (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.
- (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

  
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

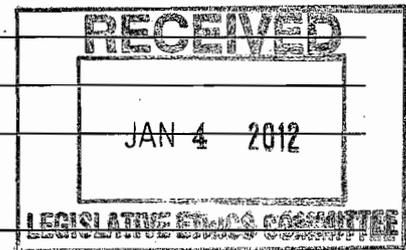
Name of Legislator/Officer Randall S. Brownrigg Jr  
(circle one) (print name)  
Address 2 Little Hales Ln Hudson 03051  
(street) (town/city) (zip code)  
Office held Rep County/District Hillsborough 27 Telephone Number 603-883-6209

**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 RSR

**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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**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 LYLE E. BULLIS  
(circle one) (print name)

Address 1000 Manns Hill Road LITTON 03561  
(street) (town/city) (zip code)

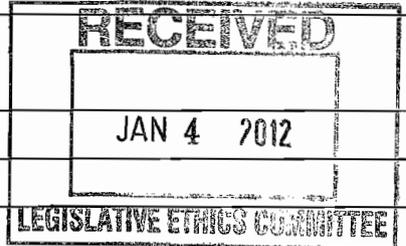
Office held Representative County/District Grafton 1 Telephone Number 444-5024

**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 Eastman Kodak
- b) Address of organization Rochester, N.Y.
- c) Type of organization Manufacturing
  
- 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.

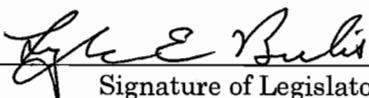
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Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's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

 January 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

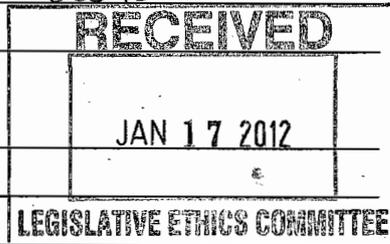
Name of Legislator ~~Officer~~ John A. Burt  
(circle one) (print name)  
Address 7 Bay Street Goffstown, NH 03045  
(street) (town/city) (zip code)  
Office held Rep County/District Hills 07 Telephone Number 624-5084

### 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 Hillsborough County Nursing Home  
b) Address of organization 400 Mast Rd Goffstown, NH 03045  
c) Type of organization Nursing Home
- 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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**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 WILLIAM BUTYNSKI  
(circle one) (print name)

Address 60 RIVER ROAD, PO BOX 105, HINSDALE 03451  
(street) (town/city) (zip code)

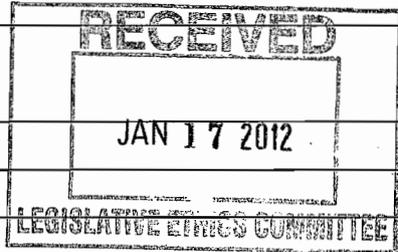
Office held STATE REPRESENTATIVE County/District CHESHIRE 4 Telephone Number 603-336-7498

**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 - NONE -
- 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 MB.

**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. LICENSED ALCOHOL & DRUG ABUSE COUNSELOR & PSYCHOLOGIST - I PROVIDE CONSULTATION SERVICES ON ALCOHOL & DRUG POLICIES & SERVICES. ALSO I AM A PSYCHOLOGIST, & HAVE BEEN A MEMBER OF THE NH PSYCHOLOGICAL ASSOCIATION.
- (b) Health Care.  
MY MOTHER RECEIVES HOME HEALTH CARE SERVICES. ALSO I RECEIVE RESPIRE SERVICES OCCASIONALLY/REGULARLY WHILE SOMEONE STAYS WITH MY MOTHER
- (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. CHESHIRE COUNTY - AS A MEMBER OF THE CHESHIRE COUNTY DELEGATION & THE CHESHIRE COUNTY EXECUTIVE COMMITTEE I REVIEW & VOTE ON BUDGETS FOR COUNTY EMPLOYEES & COUNTY TAXES WHICH MAY IMPACT
- (g) New Hampshire Retirement System. LOCAL PROPERTY TAXES & LOCAL MUNICIPAL EMPLOYMENT
- (h) Current use land assessment program.  
MOTHER OWNS SOME FOREST/WOODLAND ASSESSED UNDER CURRENT USE.
- (i) Restaurants and lodging.
- (j) Sale and distribution of alcoholic beverages.  
SEE # (a) ABOVE
- (k) Practice of law.
- (l) Any business regulated by the Public Utilities Commission.
- (m) Horse or dog racing, or other legal forms of gambling.  
MY HOME TOWN OF HINSDALE ONCE HAD A HORSE/DOG RACING TRACK AND CHARITABLE GAMING IN THE PAST & MIGHT DO SO AGAIN IN THE FUTURE. ALSO, AS A YOUTH I WORKED AT THE HINSDALE RACE TRACK.
- (n) Education.
- (o) Water resources.
- (p) Agriculture.
- (q) New Hampshire taxes:  Business Profits Tax,  Business Enterprise Tax,  Interest and Dividends Tax.  
I HAVE PAID THESE TAXES IN PRIOR YEARS & MIGHT DO SO AGAIN IN THE FUTURE.
- (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.

William Buttrick 1/17/12  
Signature of Legislator/Officer Date

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

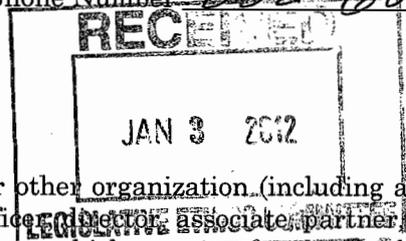
**2012 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator Officer Michael Buxton  
(circle one) (print name)

Address 62 Alder Dr. Nashua 03060  
(street) (town/city) (zip code)

Office held Representative County/District 24 Telephone Number 882-6093



**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 Nashua, Fire Fighter (retired)
- b) Address of organization 70 East Hollis St. Nashua
- c) Type of organization Fire Department
  
- 2) a) Name of business, profession, or other organization Buxton Concrete L.L.C.
- b) Address of organization 22 Taschereau Blvd. Nashua, NH. 03062
- c) Type of organization Concrete Flatwork Contractor

(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.

*Fire Fighter (retired), Buxton Concrete L.C.*

(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.

*Fire Fighter (retired)*

(g) New Hampshire Retirement System.

*Fire Fighter / Chief*

(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.

*Buxton Concrete L.C.*

(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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*Michael Buxton*

Signature of Legislator/Officer

*12/29/11*

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 John J Byanus  
(circle one) (print name)  
Address 1443 Old Homestead Hwy Swanzey NH 03446  
(street) (town/city) (zip code)  
Office held State Rep County/District 6 Telephone Number 603-313-8888

**I. Sources of Income**

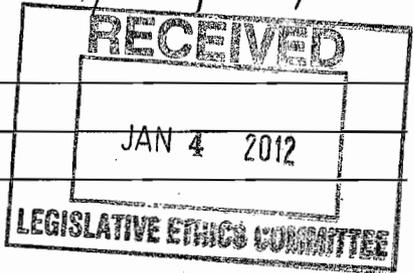
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, and from which 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 N.H. Retiree & Police Officer  
b) Address of organization KEENE NH  
c) Type of organization Police Dept ~~3~~ 3/84

- 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.  
*Keene Police Dept. Retired 3/84*
- (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,  
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- (r) Other.

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Signature of Legislator/Officer

*1/4/12*  
Date

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