

2014 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly
 Full Name Karen M. Anderson Work Address 575 Portsmouth Ave, Greenland, NH 03840
 Primary Occupation Town Administrator e-mail *optional kanderson@greenland.nh.com Work Phone 603-431-7111

The office, position, appointment, or employment with state government held by you. NO ACRONYMS Board of Directors, Property-Liability Trust

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- Town of Greenland, NH
- A.M.-P.M. Janitorial Service, Inc. (husband)

If you have no qualifying income indicate by writing your initials next to the following statement: My income does not qualify _____

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: _____ |
| <input type="checkbox"/> | 2. Health Care |
| <input type="checkbox"/> | 3. Insurance |
| <input type="checkbox"/> | 4. Real Estate, including brokers, agent, developers, and landlords |
| <input checked="" type="checkbox"/> | 7. N.H. Retirement System |
| <input type="checkbox"/> | 8. Current use land assessment program |
| <input type="checkbox"/> | 12. Any business regulated by the Public Utilities Commission |
| <input type="checkbox"/> | 16. Agriculture |
| <input type="checkbox"/> | 17. N.H. Business taxes: Profits Tax |
| <input type="checkbox"/> | 13. Horse or dog racing, or other legal forms of gambling |
| <input type="checkbox"/> | 9. Restaurants/ lodging |
| <input type="checkbox"/> | 5. Banking or financial services |
| <input type="checkbox"/> | 10. Sale and distribution of alcoholic beverages |
| <input type="checkbox"/> | 14. Education |
| <input type="checkbox"/> | 18. Optional: Specify any other area in which you have a special interest: _____ |
| <input type="checkbox"/> | 15. Water Resources |
| <input checked="" type="checkbox"/> | 6. State of New Hampshire, county, or municipal employment |
| <input type="checkbox"/> | 11. Practice of law |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 PENALTY.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. **EVERETT**

Date 6/24/14
 Signature of Reporting Individual Karen M. Anderson JUL 08 2014