

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

Type or Print Clearly

Full Name Laura Darling Work Address 22 Bridge St. #1
 Primary Occupation SUP e-mail *optional _____
 Work Phone 224-1557

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

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 the calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- NI Retirement (husband)
- _____

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify NO

B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administrative 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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: SUP Lic
- | | | |
|--|--|--|
| <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"/> 9. Restaurants, lodging |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other of gambling | |
| <input type="checkbox"/> 16. Agriculture | <input type="checkbox"/> 17. N.H. taxes: Business Profits Tax | <input type="checkbox"/> Business Enterprise Tax |

5. Banking or financial services
 6. State of New Hampshire, county, or municipal employment
 10. Sale and distribution of alcoholic beverages
 11. Practice of law
 14. Education
 15. Water Resources

18. Optional: Specify any other area in which you have a special interest ---
 Interest and Dividends Tax

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and correct 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.

I complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly files a false statement shall be guilty of a misdemeanor.

Date 3/6/14

Laura A. Darling
 Signature of Reporting Individual

RECEIVED

MAR 10 2014

NEW HAMPSHIRE
 DEPARTMENT OF STATE

Return to: Office of Secretary of State, 107 North Main Street, S

State House Room 204, Concord, NH 03301