

2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

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Type or Print Clearly

Full Name Elizabeth Paine Work Address P.O. Box 1327, Manchester, N.H. 03105

Primary Occupation Staff Attorney - CASA e-mail \*optional BPaine@casanh.org Work Phone 626-4600, ex. 2114

The office, position, appointment, or employment with state government held by you. Board Member - Guardian Ad Litem Board  
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 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.)

- Procter Academy - employee, P.O. Box 500, Andover, N.H. 03216
- Procter Academy - spouse, P.O. Box 500, Andover, N.H. 03216

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:

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 type="checkbox"/> 5. Banking or financial services                 | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment |
| <input 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"/> 10. Sale and distribution of alcoholic beverages | <input checked="" type="checkbox"/> 11. Practice of law                             |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling   | <input checked="" type="checkbox"/> 14. Education  | <input type="checkbox"/> 15. Water Resources                              |   |
| <input type="checkbox"/> 16. Agriculture   | 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- |   |   |

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.

Date 12/22/15

Elizabeth Paine  
Signature of Reporting Individual

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