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JAN 16 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly Full Name KATHA P. SULLIVAN Work Address 8 MERRILL FINESTREET DR HAMPSHIRE NH

Primary Occupation CASUALTY FUNDING VICE-PRESIDENTIAL optional KEVIN E. LEBROUHANIS Work Phone 603-926-1545

The office, position, appointment, or employment with state government held by you. NO ACRONYMS
GOVERNOR'S ADVISORY COUNCIL ON UNEMPLOYMENT COMPENSATION

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.)

- LIBRARY LANDS CONSULTING & MISCELLANEOUS FOODS INC. DR HAMPSHIRE NH (FOODS INC VICE)
- RIVERSHILL AT DOWSE LANDING 218 HAMPSHIRE ST DOWSE NH (FOODS INC)

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

8. 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: FOOD SERVICE LICENSE ALCOHOL LICENSE

| | | | | |
|--|--|--|--|---|
| <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 checked="" type="checkbox"/> 9. Restaurants/ lodging | <input checked="" type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input 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 type="checkbox"/> 14. Education | <input type="checkbox"/> 15. Water Resources | <input type="checkbox"/> 16. Agriculture (taxes: <input checked="" type="checkbox"/> Business Profits Tax <input checked="" type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax) |

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 13 January

[Signature]
Signature of Reporting Individual

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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