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

Type or Print Clearly	222 22/2 //-	D- 1 (accust 0330)
Full Name C. PATRICK O'DONNEU JR WO	ork Address W + DOIL HOUR	For (cross)
Primary Occupation Tree James e-mail *option	nal anniversary fam 126	Port (arcus, 0330) Work Phone 603, 496, 8474
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A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacalendar year. Sources of retirement benefits other than federal retirement and/or of the content of the	organization in which you or a family naity, and from which any income in exc	nember was an officer, director, associate, partne ess of \$10,000 was derived during the preceding
1. ander Frest, LIC, the farm	. •	2 **
2.		N RET
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income	does not qualify
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in ad discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:	ministrative rule, a decision whether or n	ot to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the sprofession, occupation, or category of business:	State of New Hampshire. List each such	c, fresty
2. Health Care 3. Insurance 4. Real Estate, including brok agent, developers, and landl		6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current use land	11	tribution of alcoholic 11. Practice of law
T 12. Any business regulated by the Public Utilities Commission T 13. Horse or dog racion of gambling	ng, or other legal forms 14. Educa	tion
16. Agriculture 17. N.H. Business Business Enterprise Tax		nal: 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 kno	owledge and belief. RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter or know Date Date	vingly files a false statement shall be guilt	RECEIVED
Date	Signature of Reporting In	JAN 2-2-2015