

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

Type or Print Clearly

Full Name DAVID BISS Work Address Concord Mass. 03303

Primary Occupation Podiatrist e-mail *optional _____ Work Ph _____

The office, position, appointment, or employment with state government held by you. Member Board of Podiatry

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

- Affiliates in Podiatry PC
- _____

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, 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter financial effect on you or a family member than it would on the general public:

<input checked="" 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: <u>Podiatry Practice</u>					
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>	9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	12. Any business regulated by the Utilities Commission	<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>	14. Education	18. Optional: Specify an special interest
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. N.H. taxes: Business Profits Tax	<input type="checkbox"/>	Business Enterprise Tax	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 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 1/15/15 _____
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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NEW HAMPSHIRE
DEPARTMENT OF STATE

