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

NIN HAMPSHAR	Signature of Reporting Individual				
JAN 1 Danie	10 1		1752014	Di	Date
belief. RSA 15-A:9 Penalty. Any meanor.	lete to the best of my knowledge and belief. se statement shall be guilty of a misdemeanor.	ng information is true and comp chapter or knowingly files a fal	ear or affirm that the foregoin ly with the provisions of this	I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall	I hav perso
18. Optional: Specify any other area in which you have a special interest —	×   ¬	Business Interest and Enterprise Tax Dividends Ta	17. N.H. Business Caxes: Profits Tax	16. Agriculture taxes:	
15. Water Resources	٦	13. Horse or dog racing, or other legal forms f gambling	7	12. Any business regulated by the Public Utilities Commission	
alcoholic T1. Practice of law	10. Sale and distribution of alcoholic beverages	9. Restaurants/ lodging	8. Current use land assessment program	7. N.H. RetirementSystem	
<ol><li>State of New Hampshire, county, or municipal employment</li></ol>	5. Banking or financial — (services	4. Real Estate, including brokers, agent, developers, and landlords	7	2. Health Care	¬
	mpshire. List each such	<ol> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ol>	ation, or business licensed or c category of business:	<ol> <li>Any profession, occupation, or business lice profession, occupation, or category of business:</li> </ol>	
groups, or matters. A person has a a contract, grant a license or permit, tter would potentially have a greater	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:	nterest in any of the following I , a change in administrative rul nt affecting the listed business, jeneral public:	family member has a special in non this list if a change in law other decision by government ember than it would on the g	B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting th financial effect on you or a family member than it would on the general public:	B. In repo disci finar
ualify	. My income does not qualify	next to the following statement	dicate by writing your initials r	If you have no qualifying income indicate by writing your initials next to the following statement.	If yo
					2.
	Cambridge MA	MASS AND	Transt Cor	CAMPRIDIA	. <b>-</b> 1
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.)	n which you or a family member was an officer, directon which any income in excess of \$10,000 was derived on the same of the s	usiness, or other organization i r advisory capacity, and from the sirement and/or disability benefit	nd type of any profession, buin any other professional or thenefits other than federal ret	A. List below the name, address, and type of any profession, business, or other organization in which you or a t proprietor, or employee, or served in any other professional or advisory capacity, and from which any income calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.	A. L prop cale
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NEW HAMPSHIKE DEPARTMENT OF STATE