

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

Type or Print Clearly

Full Name SCOTT A. CARR Work Address P.O. Box 190, OSSIPPEE, NH 03864

Primary Occupation HIGH SHERIFF e-mail \*optional SheriffCarr@hotmail.com Work Phone 603.539.2284

Name of office, appointment, or employment with government Governor's NH CRIME Commission

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.

1. CARROLL County Sheriff's Office, High Sheriff
2. N/A
3. N/A

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JAN 30 2007  
NEW HAMPSHIRE  
SECRETARY OF STATE


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

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  
N/A

<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/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	<input type="checkbox"/> 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.

  
 Signature of Reporting Individual Date 01.29.2007

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

Type or Print Clearly

Full Name STEPHEN M CARRIER Work Address 12 CENTER ST TILTON NH 03276

Primary Occupation FIRE CHIEF e-mail \*optional 21c1@metrocast.net Work Phone 286 4781

Name of office, appointment, or employment with government PERMISSIBLE FIREWORKS REVIEW COMMITTEE

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 \$1,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

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JUL 19 2007

**NEW HAMPSHIRE  
SECRETARY OF STATE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

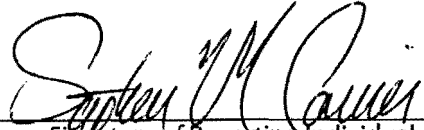
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

<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 checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input checked="" 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/distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law
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<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.

  
Signature of Reporting Individual

7/18/07  
Date

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

Type or Print Clearly

Full Name Stephen M. Carrier Work Address 12 Center Street Tilton, NH 03276  
 Primary Occupation Chief, Tilton-Northfield Fire & EMS e-mail \*optional 21C1@metrocast.net Work Phone 286 4781  
 Name of office, appointment, or employment with government Vice Chair, NH Fire Standards and Training Commission - Member Permissible Fireworks Committee

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.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

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 JUN 18 2007  
 NEW HAMPSHIRE  
 SECRETARY OF STATE

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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.

Stephen M. Carrier  
 Signature of Reporting Individual  
 Date 1/16/07

Print Form

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

Type or Print Clearly

Full Name Jill Amanda Carroll Work Address \_\_\_\_\_

Primary Occupation STUDENT e-mail \*optional Jillybean056@yahoo.com <sup>Cell</sup> Work Phone 608-2044

Name of office, appointment, or employment with government STATE ADVISORY GROUP ON JUVENILE JUSTICE

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.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**RECEIVED**

JUL 23 2007

**NEW HAMPSHIRE  
SECRETARY OF STATE**

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\_\_\_\_\_

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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.

  
 Signature of Reporting Individual

19-July-2007  
 Date

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

Type or Print Clearly

Full Name LEE FCARROLL Work Address 1 MADISON AVE, P.O. Box 3577, GORHAM, NH 03581

Primary Occupation CONSULTING ENGINEER e-mail \*optional \_\_\_\_\_ Work Phone 603 466 5065

Name of office, appointment, or employment with government MEMBER OF BOARD OF ENGINEERS (APPOINTMENT)

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.

1. LEE F. CARROLL PE; ELECTRICAL CONSULTANTS, 1 MADISON AVE, P.O. Box 3577, GORHAM, NH 03581
2. \_\_\_\_\_
3. \_\_\_\_\_

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SEP 13 2007  
NEW HAMPSHIRE  
SECRETARY OF STATE

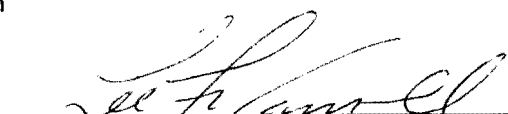
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business  
Engineering

<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
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<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.

  
Signature of Reporting Individual

10 September 2007  
Date

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

Type or Print Clearly

Full Name FRANK G CASE Work Address 125 NO MAIN ST CONCORD, NH  
 Primary Occupation PHARMACIST e-mail \*optional \_\_\_\_\_ Work Phone 603-226-8686  
 Name of office, appointment, or employment with government STATE REPRESENTATIVE

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.

1. NORTH EAST PHARMACY, 125 NO MAIN ST CONCORD, NH PHARMACEUTICALS PHARMACIST
2. \_\_\_\_\_
3. \_\_\_\_\_

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JAN 31 2007

**NEW HAMPSHIRE  
SECRETARY OF STATE**

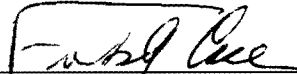
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business  
REG. PHARMACIST

<input checked="" 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/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	<input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of Reporting Individual

1/30/06  
 \_\_\_\_\_  
 Date

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Joan E. CASE Work Address N/A

Primary Occupation Home maker e-mail \*optional wjwekcase@comcast.net Work Phone N/A

Name of office, appointment, or employment with government ~~N/A~~ Statewide Independent Living Council

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.

1. Licensure Board of Sign Language Interpreters term expired October 2006 <sup>no</sup> Income
2. RECEIVED
3. AUG 17 2007

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<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest <u>DEAF BLIND</u>				

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.

Joan E. Case Signature of Reporting Individual 8/16/07 Date

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

Type or Print Clearly

Full Name Margaret A. Case Work Address \_\_\_\_\_  
 Primary Occupation Retired e-mail \*optional \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name of office, appointment, or employment with government Member. Governor's Commission on Disabilities

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.

1. Northeast Pharmacy \$22,360.00 (Spouse)
2. Ameriprise \$18,000.00 (Spouse) Retirement Annuity
3. \_\_\_\_\_

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JAN 19 2007

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NEW HAMPSHIRE  
SECRETARY OF STATE

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Northeast Pharmacy

<input checked="" 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
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**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.

Margaret A. Case Signature of Reporting Individual  
 \_\_\_\_\_ Date 1-18-07

Print Form

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Margaret A. Case Work Address \_\_\_\_\_

Primary Occupation Retired e-mail \*optional \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of office, appointment, or employment with government Member, Governor's Commission on Disabilities

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.

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JAN 19 2007

NEW HAMPSHIRE SECRETARY OF STATE

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Margaret A. Case Signature of Reporting Individual 1-18-07 Date





NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Joseph M Casey Work Address 48 AIRPORT RD CONCORD. NH  
 Primary Occupation 243 WALNUT ST. ROCHESTER NH 03867 e-mail \*optional ben10490@verizonmail.com Work Phone (603) 224-4239  
 Name of office, appointment, or employment with government NH Personnel Agents BOARD

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.

1. IBEW Local Union 490 48 AIRPORT RD CONCORD NH 03301
2. \_\_\_\_\_
3. \_\_\_\_\_

RECEIVED  
 JUL 05 2007  
 NEW HAMPSHIRE  
 SECRETARY OF STATE

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NH Electricians 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 type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale/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	<input type="checkbox"/> 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.

Joseph Casey Signature of Reporting Individual  
 Date 7/2/07

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

Type or Print Clearly

Full Name KIMBERLEY S CASEY Work Address ~~1000~~ ~~1000~~

Primary Occupation LEGISLATOR / SCH. BOARD e-mail \*optional o Work Phone 271-1110

Name of office, appointment, or employment with government Member of the House of Representatives

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.

**RECEIVED**

JAN 31 2007

**NEW HAMPSHIRE  
SECRETARY OF STATE**

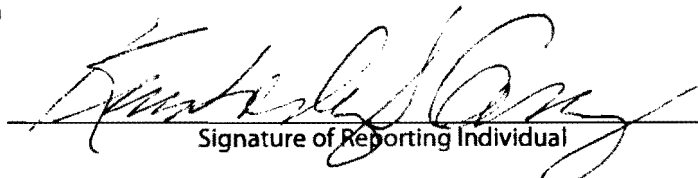
1. Law office of Jackson W. Casey
2.
3.

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

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:

<input 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					
<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/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 type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 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.

  
 Signature of Reporting Individual

12-30-07  
 Date

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

Type or Print Clearly

Full Name KEVIN E. CASH Work Address 15 SUSAN LANE, ROCHESTER N.H. 03867  
 Primary Occupation INT. REP. IBEW e-mail \*optional KECASH@METROCAST.NET Work Phone (603) 303-8357  
 Name(s) of office, appointment, or employment with government CITIZENS TRADE POLICY COMMISSION

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.

**RECEIVED**

1. TEACHER, RETIRED N.H., WIFE SHEILA A. CASH SEP 20 2007
2. \_\_\_\_\_
3. \_\_\_\_\_

**NEW HAMPSHIRE  
SECRETARY OF STATE**

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

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  
MASTER ELECTRICAL 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 checked="" 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 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	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.

Kevin E. Cash 9/20/07  
 Signature of Reporting Individual Date

Print Form

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

Type or Print Clearly

Full Name KEVIN E. CASH Work Address 15 SUSAN LANE ROCHESTER N.H. 03867

Primary Occupation INT. REP. IBEW e-mail \*optional KECASH@METROCAST.NET Network Phone (603) 303-8357  
KEVIN\_CASH@IBEW.ORG

Name of office, appointment, or employment with government PUBLIC EMPLOYEE LABOR RELATIONS BOARD

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.

1. N.H. RETIREMENT, SHEILA A. CASH (TEACHER) ANNUALLY \$ 11,982.00
2. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
900 SEVENTH STREET, N.W. WASHINGTON D.C. 20001-3886
3. \_\_\_\_\_

**RECEIVED**

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify JUL 10 2007

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  
MASTER ELECTRICIANS 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 type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale/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	<input type="checkbox"/> 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.

Kevin E. Cash 7/10/07  
 Signature of Reporting Individual Date

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

Type or Print Clearly

Full Name WILLIAM R. CASWEN Work Address N/A  
 Primary Occupation RETIRED e-mail \*optional N/A Work Phone N/A  
 Name of office, appointment, or employment with government N.H. HIG. FINANCE AUTHORITY

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.

**RECEIVED**

1. CATHOLIC MEDICAL CENTER RETIREMENT JAN 03 2007
2. \_\_\_\_\_
3. \_\_\_\_\_

NEW HAMPSHIRE  
SECRETARY OF STATE

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: NONE

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 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	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.

William R. Caswen 12/30/06  
Signature of Reporting Individual Date

Print Form

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

Type or Print Clearly

Full Name | William J. Cass | Work Address | NHDOT, Hazen Drive, Concord NH

Primary Occupation | Civil Engineer, NHDOT | e-mail \*optional | \_\_\_\_\_ | Work Phone | 271-1486

Name of office, appointment, or employment with government | NHDOT  
Asst. Director of Project Development

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.

1. | NHDOT, Hazen Drive, Concord NH (Primary income)
2. | Holy Trinity Catholic School, 50 Church St., Laccenia NH 03246 (Spouses income)
3. | \_\_\_\_\_

**RECEIVED**

SEP 06 2007

NEW HAMPSHIRE  
SECRETARY OF STATE

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  
Professional Engineer, Reg. # 7983

<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/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	<input type="checkbox"/> 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.

William J. Cass  
Signature of Reporting Individual

Aug. 9, 2007  
Date

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

Type or Print Clearly

Full Name Frank Catanese Work Address 27 Hazen Drive, Concord NH 03301

Primary Occupation OIT, Director of Operations e-mail \*optional frank.catanese@oit.nh.gov Work Phone 603 271-7011

Name of office, appointment, or employment with government IT Manager V in the Office of Information Technology

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.

1. State of NH Office of Information Technology, 27 Hazen Dr Concord, NH 03301 - Frank Catanese
2. Schnitzer Northeast, 25 Sandquist St Concord, NH 03301 - Connie Catanese
3.

**RECEIVED**  
 JAN 19 2007  
 NEW HAMPSHIRE  
 SECRETARY OF STATE

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

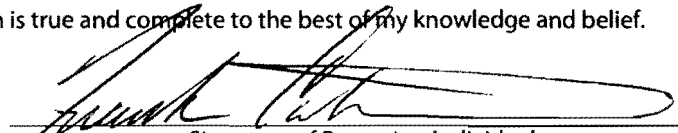
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to 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 checked="" 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 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	<input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input checked="" 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.

  
 Signature of Reporting Individual

1/18/07  
 Date

Print Form

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

Type or Print Clearly

Full Name Robert Paul Cervenka Work Address 150 Tarrytown Road Manchester, N.H. 03103

Primary Occupation Physician e-mail \*optional RCERVENKA12@hotmail.com Work Phone 603-622-3162

Name of office, appointment, or employment with government New Hampshire Board of Medicine

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.

1. Manchester Obstetrical Associates

2.

3.

**RECEIVED**

MAY 11 2007

NEW HAMPSHIRE  
SECRETARY OF STATE

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

Manchester Obstetrical Associates - medicine / health care

<input checked="" 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/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	<input type="checkbox"/> 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.

  
 Signature of Reporting Individual 5/8/07  
Date

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

Type or Print Clearly

Full Name Robert P. Cervenka, M.D. Work Address 150 Tarrytown Rd. Manchester, NH 03103

Primary Occupation Physician, O.B.GYN e-mail\*optional RCERVENKA12@hotmail.com Work Phone 603-622-3162

Name of office, appointment, or employment with government New Hampshire Board of Medicine, Medical Review Subcommittee

**RECEIVED**  
JAN 08 2007  
NH BOARD

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.

1. Manchester Obstetrical Associates  
150 Tarrytown Rd Manchester, NH 03103
2. \_\_\_\_\_
3. \_\_\_\_\_

**RECEIVED**  
JAN 17 2007  
NEW HAMPSHIRE  
SECRETARY OF STATE

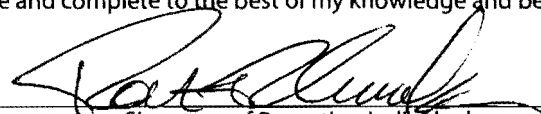
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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 checked="" 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 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	<input type="checkbox"/> 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.

  
 Signature of Reporting Individual

1/5/07  
 Date

Print Form

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

Type or Print Clearly

Full Name Robert West Chamberlin MD, MPH Residence 16 Juniper Lane, Concord, NH 03301 *Note new address*  
 Primary Occupation Retired Pediatrician e-mail \*optional \_\_\_\_\_ Work Phone 228-3095  
 Name of office, appointment, or employment with government Wellness and Primary Prevention Council

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.

**RECEIVED**

1. TIAA/CREF Retirement Annuity  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

JUN 13 2007

NEW HAMPSHIRE  
SECRETARY OF STATE

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

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  
None

<input checked="" 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 checked="" 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/distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law
<input checked="" 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 checked="" type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 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				

None of these

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.

Robert W. Chamberlin MD, MPH 6/6/07  
 Signature of Reporting Individual Date