

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name WILLIAM V CHASE Work Address 173 SPAFFORD RD WESTMORLAND NH 03467

Primary Occupation Healthcare Consultant e-mail *optional bbchase@verizon.net Work Phone 603 399 4957

Name of office, appointment, or employment with government Representative - NH House

RECEIVED
JAN 31 2007

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. Hitchcock Clinic, 1 Medical Center Drive, Lebanon NH - Retirement
2. American College of Surgeons/Commission on Cancer 633 N St Clair St Chicago IL - Hospital Cancer Program Surveys
3. Medical Care Development International - Silver Springs MD - Healthcare development in developing countries

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 <u>Yes</u>	<input type="checkbox"/> 3. Insurance <u>Yes</u>	<input checked="" type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input checked="" 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 checked="" type="checkbox"/> 8. Current use land assessment program	<input checked="" type="checkbox"/> 9. Restaurants/ lodging	<input checked="" type="checkbox"/> 10. Sale/distribution of alcoholic beverages	<input checked="" type="checkbox"/> 11. Practice of law
<input checked="" type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input checked="" type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input checked="" type="checkbox"/> 14. Education	<input checked="" type="checkbox"/> 15. Water Resources
<input checked="" type="checkbox"/> 16. Agriculture	<input checked="" type="checkbox"/> 17. N.H. Business Profits Tax	<input checked="" 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.

William V Chase

Signature of Reporting Individual

31 JAN 07
Date