

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

Type or Print Clearly

Full Name Sara May Hollinrake Work Address 95 Eddy Road Suite 603 Manchester NH 03102

Primary Occupation Director (Human Services) e-mail \*optional s.hollinrake@hcs.state.nh.us Work Phone 603-888-5

Name of office, appointment, or employment with government Appointed to StateWide Independent Living Council

**RECEIVED**  
NEW HAMPSHIRE  
MAY 09 2007  
SECRETARY OF STATE

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 earned during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

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

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

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 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.

*Sara May Hollinrake*  
Signature of Reporting Individual

5-2-07  
Date