

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

Type or Print Clearly

|   |  |                  |                                 |
|---|--|------------------|---------------------------------|
| Full Name   | Scott R Bryer  | Work Address     | 33 Hazen Drive Concord NH 03305 |
| Primary Occupation  | Administrator  | e-mail *optional | sbryer@safety.state.nh.us       |
|   |  | Work Phone       | (603) 271-2387                  |
| Name(s) of office, appointment, or employment with government | Oil Fund Disbursement Board, Nuclear Decommissioning Finance 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. | None |  |  |
| 2. |      |  |  |
| 3. |      |  |  |

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MAY 27 2009

NEW HAMPSHIRE  
DEPARTMENT OF STATE

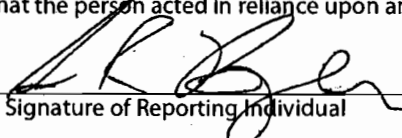
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RB

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 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:7 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. It shall be an absolute defense in any prosecution under this chapter that the person acted in reliance upon an advisory opinion on the subject issued under RSA 14-B:3, I(c) or RSA 21-G:30, I(c).

Print Form

  
 Signature of Reporting Individual

5/22/09  
 Date