

Type or Print Clearly

Full Name Clair D. Clark

Work Address N/A

Primary Occupation Retired Educator

e-mail *optional

Work Phone N/A

Name of office, appointment, or employment with government

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. NH Retirement Systems - Retirement Benefits

JAN 16 2009

2. _____

NEW HAMPSHIRE
DEPARTMENT OF STATE

3. _____

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:

| | | | | | | | | | |
|-------------------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--|--------------------------|---|
| <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 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"/> | 18. Optional: Specify any other area in which you have a special interest --- |
| <input type="checkbox"/> | 16. Agriculture | <input type="checkbox"/> | 17. N.H. Business Taxes: | <input type="checkbox"/> | Business Profits Tax | <input type="checkbox"/> | Business Enterprise Tax | <input type="checkbox"/> | Interest and Dividends Tax |

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 Clair D. Clark Date 1-16-09