

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name James H. Dolan, DPM Work Address 3 Alumni Drive Suite 301 Exeter, NH  
 Primary Occupation Podiatrist e-mail \*optional JDOLAN@EHE.ORG Work Phone 603-779-7975  
 Name(s) of office, appointment, or employment with government Board of Registration is Podiatry JAN 1 2 2009

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. Core Physicians Services 7 Holland Way Exeter NH 03833
2. Bank of America 3 Pleasant Street Portsmouth, NH RECEIVED
3. \_\_\_\_\_

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify \_\_\_\_\_ JAN 14 2009

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. If 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 checked="" type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input checked="" type="checkbox"/>	5. Banking or financial services
<input type="checkbox"/>	7. NH 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"/>	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. NH Taxes: 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, 1(C) or RSA 21-G:30, 1(C).

Print Form

JMD Signature of Reporting Individual  
OPR  
1-8-09 Date