

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Molly M. Kelly Work Address 89 Colonial Dr. Ferris, N.H.
 Primary Occupation Financial Advisor e-mail *optional Molly.Kelly@equival.com Work Phone 603-357-5118
 Name of office, appointment, or employment with government State Senator District 10

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. ~~MMK~~ ~~Myself: AIG Retirement, Home office, Houston Tx., work address: 89 Colonial Dr. Ferris~~
2. ~~Myself: American International College, Ferris, N.H., MMK's business~~
3. ~~MMK~~ ~~Myself: Valic Financial Advisors, Inc, Houston Texas, work address: 89 Colonial Dr. Ferris, N.H. 03491~~

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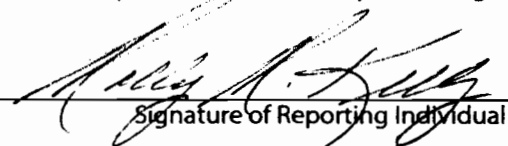
If you have no qualifying income indicate by writing your initials next to the following statement. MMK My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following **NEW HAMPSHIRE** 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 **NEW HAMPSHIRE** decision, 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 <u>Financial Advisor, Producer, Life Series 6 Series 6.3 Series 6.5</u>					
<input checked="" type="checkbox"/> 2. Health Care	<input checked="" 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 checked="" 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 checked="" 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.

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 _____ Date _____