

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

RETURN TO STATE HOUSE ROOM 204

Type or Print Clearly

Full Name Mary Ann Knowles Work Address 650 Suffolk St, Lowell, MA 01854

Primary Occupation Ethnic Communications Specialist e-mail *optional _____ Work Phone (978) 335-4201

Name of office, appointment, or employment with government State Representative

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. Elderhostel, Inc. 650 Suffolk St, Lowell, MA 01854

2. _____

3. _____

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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 _____

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"/>
<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/>
<input type="checkbox"/>	5. Banking or financial services	<input type="checkbox"/>
<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment	<input type="checkbox"/>
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>
<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>
<input type="checkbox"/>	9. Restaurants/ lodging	<input type="checkbox"/>
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/>
<input type="checkbox"/>	11. Practice of law	<input type="checkbox"/>
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>
<input type="checkbox"/>	14. Education	<input type="checkbox"/>
<input type="checkbox"/>	15. Water Resources	<input type="checkbox"/>
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>
<input type="checkbox"/>	17. N.H. Business Profits Tax	<input type="checkbox"/>
<input type="checkbox"/>	18. Business Enterprise Tax	<input type="checkbox"/>
<input type="checkbox"/>	19. Interest and Dividends Tax	<input type="checkbox"/>
<input type="checkbox"/>	20. Optional: Specify any other area in which you have a special interest ---	<input type="checkbox"/>

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.

Mary Ann Knowles Signature of Reporting Individual 1/7/09 Date