

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Catharine Adrienne Mallinson Work Address Disabilities Rights Ctr., 18 Low Ave., Concord NH 03301

Primary Occupation Attorney e-mail *optional Work Phone 603-228-0432

Name(s) of office, appointment, or employment with government NH Council on Developmental Disabilities

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.

- 1. Disabilities Rights Center, Inc., 18 Low Ave., Concord NH 03301 - attorney
2. Bossard, Inc., Lafayette Rd., Hampton NH - business analyst
3. Owner/landlord - rental property

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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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

Table with 18 categories for special interest: Health Care, Insurance, Real Estate, Banking, State of NH, N.H. Retirement System, Current use land assessment program, Restaurants/lodging, Sale and distribution of alcoholic beverages, Practice of law, etc.

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.

Print Form

Signature of Reporting Individual

Date 5/14/09

Appointed Member: NH Council on Developmental Disabilities