

Type or Print Clearly

Full Name Miss J. Millham

Work Address None

Primary Occupation \_\_\_\_\_ e-mail \*optional omillham@verizon.net Work Phone 524-1278

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**

JAN 21 2009

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Spouse of Counselor Jeffrey W. Dyer, Fitzgerald & Michaels

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 <u>None as Registered Nurse; Bd of Licensure Healthcare</u>										
<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 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 checked="" type="checkbox"/> 11. Practice of law	<u>Spouse</u>					
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission										
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. NH Taxes:	<input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input checked="" type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --					
<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										

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.

Miss J. Millham 1/20/09  
Signature of Reporting Individual Date