

**NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly

Full Name Kirsten Murphy Work Address Box 1034, Norwich, VT 05055  
 Primary Occupation non-profit director e-mail \*optional Kirsten.murphy23@gmail.com Work Phone 603-443-0652  
 Name(s) of office, appointment, or employment with government Appointed Member: 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. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

1. NH Council on Autism Spectrum Disorders
2. \_\_\_\_\_
3. \_\_\_\_\_

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NEW HAMPSHIRE

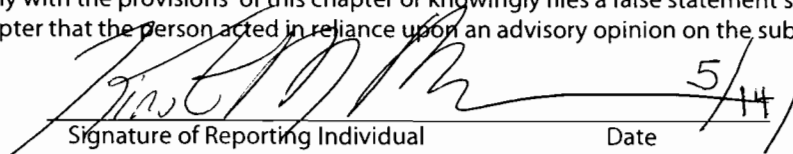
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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
- |  |   |  |   |   |
|--|---|--|---|---|
| <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. 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 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: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, I(c) or RSA 21-G:30, I(c).

Print Form

  
 Signature of Reporting Individual Date 5/14/09 Appointed Member: NH Council on Developmental Disabilities