

Type or Print Clearly

Full Name JAMES M. O'NEIL Home Work Address 2 SUNNYVALE DR. MERRIMACK, NH 03854

Primary Occupation RETIRED e-mail \*optional JMOUELLA@COMCAST.NET Home Work Phone 603-424-3059

Name of office, appointment, or employment with government STATE REPRESENTATIVE - Hillsborough District #19

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.

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1. NH STATE RETIREMENT SYSTEM JAN 07 2009

2. \_\_\_\_\_ NEW HAMPSHIRE DEPARTMENT OF STATE

3. \_\_\_\_\_ My income does not qualify

8. 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"/> | 3. Insurance  | <input type="checkbox"/> | 4. Real Estate, including brokers, agent, developers, and landlords          | <input type="checkbox"/>            |
| <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"/>            |
| <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"/> | 10. Sale and distribution of alcoholic beverages                             | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | 16. Agriculture  | <input type="checkbox"/> | 17. N.H. Business Profits Tax                             | <input type="checkbox"/> | 18. Education  | <input checked="" type="checkbox"/> |
|                                     |  |                          |   | <input type="checkbox"/> | 11. Practice of law  | <input type="checkbox"/>            |
|                                     |  |                          |   | <input type="checkbox"/> | 15. Water Resources  | <input type="checkbox"/>            |
|                                     |  |                          |   | <input type="checkbox"/> | 14. 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.

James M. O'Neil Signature of Reporting Individual Date 1/05/2009