

Type or Print Clearly

Full Name Amy Rice

Volunteer Position NH Minority Health Coalition
Work Address 25 Lowell Str, 3rd FLR, Manchester, NH 03101
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Primary Occupation _____

The office, position, appointment, or employment with state government held by you. NO ACRONYMS

Board of Trustees for the Community College System of NH

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. [Use additional sheets as necessary]

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SEP 30 2009

- 1. _____
- 2. _____

NEW HAMPSHIRE SECRETARY OF STATE

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify ALR

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 your or a family member than it would be 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. Certified Medical Assistant, AAMA

<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agents, 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
17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	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: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.

Date: 09/28/2009

Amy Rice
Signature of Reporting Individual