

Type or Print Clearly

Full Name WILLIAM B. SMITH Home Work Address PO BOX 808, NEW CASTLE, NH 03854

Primary Occupation RETIRED e-mail \*optional \_\_\_\_\_ Home Work Phone 603-436-6865

Name of office, appointment, or employment with government STATE REPRESENTATIVE

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. QUEST COMMUNICATIONS INT'L, INC % STATE STREET RETIREMENT SERVICES  
PO BOX 24989 JACKSONVILLE, FL 32241-4989
2. \_\_\_\_\_
3. \_\_\_\_\_

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

My income does not qualify WBS

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 _____	<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. Business Profits Tax
<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest _____	<input type="checkbox"/> 19. Business Enterprise Tax	<input type="checkbox"/> 20. Dividends and Interest Tax	<input type="checkbox"/> 21. Business Taxes	<input type="checkbox"/> 22. Dividends and Interest Tax	<input type="checkbox"/> 23. Business Taxes

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.  
 Signature of Reporting Individual William B. Smith Date 1/12/09