

II. "Conflict Of Interest" is the condition in which a legislator has a financial interest in any official activity.

III. "Family member" shall mean any person related to and living in the same domicile as a legislator, legislative officer, or legislative employee who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

IV. "Financial Interest" is a reasonably foreseeable direct material financial effect, distinguished from its effect on the public generally, on the legislator or his or her spouse family member.

V. "Immediate Family" includes a spouse, guardian, parent, sibling, child or dependent.

VI. "Legislation" is a bill, resolution or constitutional amendment.

VII. "Official Activities" is the conduct of activities which relate to official responsibilities including the introduction of legislation, testifying before any legislative committee or state agency, voting in committee or in house or senate session or otherwise participating in, influencing, or attempting to influence any decision of the legislature, county delegation or any state agency.

3 LEGISLATOR'S FINANCIAL DISCLOSURE FORM.

Every representative, senator, and officer of the House and Senate, shall file with the Legislative Ethics Committee the following financial disclosure form [on or before January 31] no later than the third Friday in January of each year.

FINANCIAL DISCLOSURE FORM

FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

Required by the Legislative Ethics Committee (RSA 14-B) and RSA 15-A

Name of Legislator/Officer RUSSELL ALBERT (print name)
Address 230 BONICK RD. ROCHESTER N.H. 03839
street town/city zip code
Office STATE REP. County/District STRATFORD DIS. 1
Telephone Number 332 9638

I. Identify below the name, address, and type of any professional, business, or other organization (including any unit of government) in which you or a family member are or were an officer, director, associate, partner, proprietor, employee, or member, or served in any professional or advisory capacity, from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.

- 1) a) Name of organization TITLE ONE PROJECT MANAGER
b) Address of organization 79 THAYER DR. FARMINGTON N.H.
c) Type of organization EDUCATIONAL
2) a) Name of organization
b) Address of organization
c) Type of organization
3) a) Name of organization
b) Address of organization
c) Type of organization

(attach additional sheets if necessary)

Please note: every State Senator, State Representative, and Officer of the General Court is required to file this form. If you feel that your income during the preceding calendar year does not qualify for disclosure according to the criteria stated above, signify by checking writing your initials on the line below.

My income does not qualify \_\_\_\_\_

II. COMPLETION OF THIS SECTION IS OPTIONAL

Disclosure and description below of your financial interest may eliminate the need to follow the conflict of interest procedure established in Section 5 of the Ethics Guidelines. If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form in accordance with Section 5 of the Ethics Guidelines. See Section 5 of the Ethics Guidelines for information regarding particular conflicts of interest that you may have.