

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Paul Ronald Cusson Work Address 155 Summer ST Berlin N.H. 03570
 Primary Occupation PRIVATE Developer e-mail *optional PRCMECH@verizon.net Work Phone 603-723-4515
 Name of office, appointment, or employment with government CITIZENS Advisory BOARD. Northern N.H. Correctional Facility, Berlin, N.H.

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. FRANCOISE R. Cusson (WIFE) Chief Financial Officer. Androsouggin Valley Home Care 795 MAIN ST Berlin, N.H.
2. PAUL R. Cusson 1ST MORTGAGE HOLDER 2 PROPERTIES 756 Third Ave. Berlin N.H. 314 WIGHT ST Berlin N.H.
3.


If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify NOV 02 2006

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 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
MASTER Electrician license # 2668 - School Bus Certificate

<input checked="" type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input checked="" type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input checked="" type="checkbox"/> 5. Banking or financial services	<input checked="" 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/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 checked="" type="checkbox"/> Business Profits Tax	<input checked="" type="checkbox"/> Business Enterprise Tax	<input checked="" type="checkbox"/> Interest and Dividends Tax
18. Optional: Specify any other area in which you have a special interest <u>HB-657 FN LOCAL</u>				

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.


 Signature of Reporting Individual 10/30/06
Date