

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Reborah J. Hogancamp Work Address _____

Primary Occupation State Legislator e-mail *optional _____ Work Phone JUN 12 2006

Name of office, appointment, or employment with government _____

RECEIVED

NEW HAMPSHIRE SECRETARY OF STATE

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.

- James Hogancamp; Assoc. CPA, P.A 17 Wilder St. Keene 03431
- Elegant Settings, Ltd. 28 Park Ave Keene 03431
- _____

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

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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

CPA

<input type="checkbox"/> 2. Health Care <u>NO</u>	<input type="checkbox"/> 3. Insurance <u>NO</u>	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords <u>yes</u>	<input type="checkbox"/> 5. Banking or financial services <u>yes</u>	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment <u>NO</u>
<input type="checkbox"/> 7. N.H. Retirement System <u>NO</u>	<input type="checkbox"/> 8. Current use land assessment program <u>yes</u>	<input type="checkbox"/> 9. Restaurants/ lodging <u>NO</u>	<input type="checkbox"/> 10. Sale/distribution of alcoholic beverages <u>NO</u>	<input type="checkbox"/> 11. Practice of law <u>NO</u>
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission <u>NO</u>	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling <u>NO</u>	<input type="checkbox"/> 14. Education <u>NO</u>	<input type="checkbox"/> 15. Water Resources <u>yes</u>	
<input type="checkbox"/> 16. Agriculture <u>NO</u>	<input type="checkbox"/> 17. N.H. taxes <u>NO</u>	<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.

Reborah J. Hogancamp
Signature of Reporting Individual

6/7/06
Date