

**NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly

Full Name ROBERT J.A. LITTLEFIELD Work Address 94 BARN RIVER RD

Primary Occupation RETIRED e-mail \*optional \_\_\_\_\_ Work Phone 424-2539

Name of office, appointment, or employment with government \_\_\_\_\_

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. | <u>NA</u> | <p align="center"><b>RECEIVED</b></p> <p align="center">JUN 09 2006</p> <p align="center">NEW HAMPSHIRE<br/>SECRETARY OF STATE</p> |
| 2. | <u>NA</u> |                                                                                                                                    |
| 3. | <u>NA</u> |                                                                                                                                    |


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

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  
NA

<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/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 type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> Interest and Dividends Tax
<input type="checkbox"/> 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.

  
 Signature of Reporting Individual 6-7-06  
Date