

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

AUG 04 2006

Type or Print Clearly

Full Name DANIEL GUY LEVESQUE Work Address 458 OLD STREET ROAD

NEW HAMPSHIRE SECRETARY OF STATE

Primary Occupation EXERCISE PHYSIOLOGIST e-mail *optional DANIEL.LEVESQUE@MCH.ORG Work Phone 603 924-4650

Name of office, appointment, or employment with government GOVERNORS COUNCIL ON PHYSICAL ACTIVITY AND HEALTH

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.

- 1. MONADNOCK COMMUNITY HOSPITAL, 458 OLD STREET RD, PETERBOROUGH NH - EXERCISE PHYSIOLOGIST

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.

Grid of checkboxes for special interests: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business. 2. Health Care, 3. Insurance, 4. Real Estate, including brokers, agent, developers, and landlords, 5. Banking or financial services, 6. State of New Hampshire, county, or municipal employment, 7. N.H. Retirement System, 8. Current use land assessment program, 9. Restaurants/lodging, 10. Sale and distribution of alcoholic beverages, 11. Practice of law, 12. Any business regulated by the Public Utilities Commission, 13. Horse or dog racing, or other legal forms of gambling, 14. Education, 15. Water Resources, 16. Agriculture, 17. N.H. taxes: Business Profits Tax, Business Enterprise Tax, 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. 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 [Signature] Date 7/31/06