

2010 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name John D. Bunnell Work Address 50 Storrs Street, Concord, NH 03301
 Division Director
 Primary Occupation Sales, Marketing, Merchandising & Distribution e-mail *optional jbunnell@liquor.state.nh.us Work Phone 271-2163

The office, position, appointment, or employment with state government held by you. NO ACRONYMS Division Director Sales, Marketing, Merchandising & Distribution

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. (Use additional sheets as necessary.)

1. N/A
2. _____

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

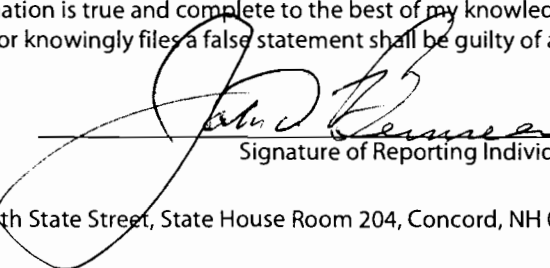
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to 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 N/A profession, occupation, or category of business: N/A

<input type="checkbox"/> 2. Health Care <u>N/A</u>	<input type="checkbox"/> 3. Insurance <u>N/A</u>	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords <u>N/A</u>	<input type="checkbox"/> 5. Banking or financial services <u>N/A</u>	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment <u>N/A</u>
<input checked="" type="checkbox"/> 7. N.H. Retirement System <u>N/A</u>	<input type="checkbox"/> 8. Current use land assessment program <u>N/A</u>	<input type="checkbox"/> 9. Restaurants/ lodging <u>N/A</u>	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages <u>N/A</u>	<input type="checkbox"/> 11. Practice of law <u>N/A</u>
<input checked="" type="checkbox"/> 12. Any business regulated by the Public Utilities Commission <u>N/A</u>	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling <u>N/A</u>	<input type="checkbox"/> 14. Education <u>N/A</u>	<input type="checkbox"/> 15. Water Resources <u>N/A</u>	
<input checked="" type="checkbox"/> 16. Agriculture <u>N/A</u>	<input type="checkbox"/> 17. N.H. Business taxes: Profits Tax <u>N/A</u>	<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 -- <u>N/A</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. **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.

Date 12/18/09



 Signature of Reporting Individual