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

Type or Print Clearly

Full Name PIERRE O. CARON Work Address 24 WILDWOOD DR BEDFORD NH 03110

Primary Occupation ATTORNEY MEMBER COMPENSATION APPEALS BOARD e-mail*optional _____ Work Phone (603) 472-5670

The office, position, appointment, or employment with state government held by you. ATTORNEY MEMBER WORKERS' COMPENSATION APPEALS BOARD
NO ACRONYMS

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.)

- NORTHEAST UTILITIES SYSTEM PENSION PLAN
- STATE OF NH WORKERS' COMPENSATION APPEALS BOARD

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

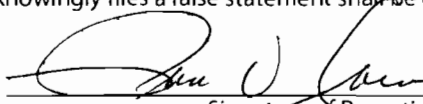
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to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

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 <input checked="" type="checkbox"/>
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.

Date

 01/12/2010
Signature of Reporting Individual **RECEIVED**

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JAN 25 2010

NEW HAMPSHIRE
SECRETARY OF STATE