

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

Type or Print Clearly

Full Name SUSAN A. JEFFERY Work Address \_\_\_\_\_

Primary Occupation \_\_\_\_\_ e-mail \*optional sajeffery@comcast.net Work Phone \_\_\_\_\_

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

APR 05 2010 (2)

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 reporting calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)  
 NEW HAMPSHIRE SECRETARY OF STATE

1. NONE  
 2. SOURCE of income: NH Retirement System Social Security

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: \_\_\_\_\_

|  |  |  |   |  |
|--|--|--|---|--|
| <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 and 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. Business taxes: 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. **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 3/24/10

Susan A. Jeffery  
 Signature of Reporting Individual