

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

Type or Print Clearly

Full Name **CAROL LEONARD**

Work Address **585 HOPKINTON RD.  
HOPKINTON, NH 03229**

Primary Occupation **CERTIFIED MIDWIFE**

e-mail \*optional

**CLmidwife@aol.com**

Work Phone

**224-4596**

Name(s) of office appointment or employment with government

**COUNCIL MEMBER OF THE NH MIDWIFERY COUNCIL**

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. **CONCORD FEMINIST HEALTH CENTER 38 SO. MAIN ST. CONCORD, NH 03301  
- WOMEN'S HEALTH CARE PROVIDER**
- 2.
- 3.

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

**NH CERTIFIED MIDWIFE**

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:7 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. It shall be an absolute defense in any prosecution under this chapter that the person acted in reliance upon an advisory opinion on the subject issued under RSA 14-B:3, I(c) or RSA 21-G:30, I(c).

Print Form

*Carol Leonard* 1/19/10  
Signature of Reporting Individual Date

**RECEIVED**  
JAN 21 2010  
**NEW HAMPSHIRE SECRETARY OF STATE**