

2011

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name [C. A. BARBA] Work Address [ ]

Primary Occupation [HOMEMAKER] e-mail\*optional [ ] Work Phone [ ]

The office, position, appointment, or employment with state government held by you. [BOARD OF MEDICINE] 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.

- 1. PLYMOUTH STATE UNIVERSITY - EXECUTIVE DIRECTOR OF UNIVERSITY RELATIONS MSC #2, 17 HIGH STREET PLYMOUTH, NH 03269-1595 (HIGHER EDUCATION)
ESTATE OF MARILYN A. BARBA - ADMINISTRATOR SPB B+6, P.O. BOX 3701 MANCHESTER, NH 03105-3701 (LEGAL COUNSEL ON PROBATE MATTERS)
2. NEIL AND LOUISE TILLOTSON TRUST - SPECIAL TRUSTEE MELANE PO BOX 326 900 ELM STREET MANCHESTER, NH 03105-0326 (CHARITABLE TRUST)
TILLOTSON CORPORATION - DIRECTOR 450 BEDFORD STREET, FIRST FLOOR LEXINGTON, MA 02420 (MANUFACTURING FIRM)

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
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 [11/21/10]

[Signature] Signature of Reporting Individual

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

RECEIVED JAN 18 2011 NEW HAMPSHIRE SECRETARY OF STATE