

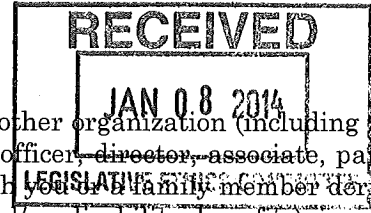
**2014 FINANCIAL DISCLOSURE FORM**  
**FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE**  
**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of Legislator/Officer BETTE R. LASKY  
(print name)  
Address 15 MASEFIELD RD. NASHUA 03062  
(street) (town/city) (zip code)  
Office held State Senator County/District Hills Telephone Number 603-315-1924  
District 13

**I. Sources of Income**

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member served as an employee, officer, ~~director, associate,~~ partner, or proprietor, or in any other professional or advisory capacity, and from which you or a family member derived any income (including retirement benefits other than federal retirement and/or disability benefits) in excess of \$10,000 during the preceding calendar year.



For purposes of this form a "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

- 1) a) Name of business, profession, or other organization Drs. Helfman, LASKY + MacDONALD  
b) Address of organization 505 W. Hollis St. NASHUA NH 03060  
c) Type of organization optometric practice
- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_

(attach additional sheets if necessary)

If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify \_\_\_\_\_.

**II. Disclosure of Financial Interests**

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court 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.

**Please note:** If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a family member than other members of a group identified in this form, a Declaration of Intent Form would be required. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

Do you or a family member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your family member's financial interest:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.  
List each such profession, occupation, or category of business.

DOCTOR OF OPTOMETRY

- ☒ (b) Health Care.

- ☐ (c) Insurance.

- ☐ (d) Real estate, including brokers, agents, developers, and landlords.

- ☐ (e) Banking or financial services.

- ☐ (f) State of New Hampshire, county or municipal employment.

- ☐ (g) New Hampshire Retirement System.

- ☐ (h) Current use land assessment program.

- ☐ (i) Restaurants and lodging.

- ☐ (j) Sale and distribution of alcoholic beverages.

- ☐ (k) Practice of law.

- ☐ (l) Any business regulated by the Public Utilities Commission.

- ☐ (m) Horse or dog racing, or other legal forms of gambling.

- ☐ (n) Education.

- ☐ (o) Water resources.

- ☐ (p) Agriculture.

- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,  
☐ Interest and Dividends Tax.

- ☐ (r) Other.

I hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Notice to electronic filers: Typing your first and last name states your intent to sign the form electronically, in accordance with RSA 294-E:2, VIII.

Bette R. Lasby  
Signature or typed first and last name of Legislator/Officer

1-8-14  
Date

**RSA 14-B:10 Penalty.** Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed personally or electronically.)

**Complete and return to: Legislative Ethics Committee, State House Room 112, by January 17, 2014.**