

**2019 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 Rep. Richard W. Hinch  
(print name)

Address 14 Ichabod Dr. Merrimack, NH 03054  
(street) (town/city) (zip code)

Office held State Rep County/District Hillsborough Telephone Number 603-261-6317



**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 household member served as an employee, member, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household member derived any income in excess of \$10,000 during the preceding calendar year. Sources of retirement benefits from any business, professional, or other organization must be included. Social Security, federal retirement and/or federal disability benefits do not need to be included.

For purposes of this form a "household member" means any person 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 parent.

☒ Legislator ☐ Household Member  
1) a) Name of business, profession, or other organization Hinch - Crowley Realty Associates  
b) Address of organization 14 Ichabod Dr. Merrimack, NH 03054  
c) Type of organization Real Estate

☐ Legislator ☒ Household Member  
2) a) Name of business, profession, or other organization State of NH - Judicial Branch  
b) Address of organization Concord, NH 03301  
c) Type of organization Court

(continue on page 3 if necessary)

If you or a household member had no qualifying income, indicate by INSERTING YOUR INITIALS after the following statement.

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

**II. Disclosure of Financial Interests**

Identify and describe below any financial interest you or a household member may have. You have a "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 financial effect on you or a household member that is distinct from and greater than the interests of the public at large.

**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 in accordance with section 6 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a household member than other members of a group identified in this form, a Declaration of Intent Form is required. See section 6 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

Do you or a household 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 household member's financial interest:

Legislator	Household Member	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. NH Real Estate Commission Member, NH Real Estate Principal Broker License
<input type="checkbox"/>	<input type="checkbox"/>	(b) Health Care Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(c) Insurance Describe: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(d) Real estate, including brokers, agents, developers, and landlords Describe: NH Real Estate Principal Broker License
<input type="checkbox"/>	<input type="checkbox"/>	(e) Banking or financial services Describe: _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(f) State of New Hampshire, county, or municipal employment Describe: NH Real Estate Commission Member (Self), NH Judicial Branch Employee (spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(g) New Hampshire Retirement System Describe: Spouse is a non-retiree contributing to the NHRS
<input type="checkbox"/>	<input type="checkbox"/>	(h) Current use land assessment program Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(i) Restaurants and lodging Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(j) The sale and distribution of alcoholic beverages Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(k) Practice of law Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(l) Any business regulated by the Public Utilities Commission Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(m) Legal forms of gambling or charitable gaming Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(n) Education Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(o) Water resources Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(p) Agriculture Describe: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(q) New Hampshire taxes: <input type="checkbox"/> Interest and Dividends Tax, <input checked="" type="checkbox"/> Business Profits Tax, <input checked="" type="checkbox"/> Business Enterprise Tax, BPT and BET may apply to Hinch - Crowley Realty Associates in 2019
<input type="checkbox"/>	<input type="checkbox"/>	(r) Other Describe: _____

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.

Signature or typed first and last name of Legislator/Officer \_\_\_\_\_ Date 4-3-19

**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 18, 2019**

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**GENERAL COURT**

As prescribed by RSA 14-B:8

Name of ☒ Legislator ☐ Officer

Dick Hinch  
(print name)

Address

14 Ichabod Dr. Melrimack NH 03054  
(street) (town/city) (zip code)

Office held

State Rep

County/District

Hillsborough 21

Telephone Number

603-261-6317

**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 household member served as an employee, member, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household member derived any income in excess of \$10,000 during the preceding calendar year. Sources of retirement benefits from any business, professional, or other organization must be included. Social Security, federal retirement and/or federal disability benefits do not need to be included.

For purposes of this form a "household member" means any person 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 parent.

☒ Legislator ☐ Household Member

1) a) Name of business, profession, or other organization

Hinch-Crowley Realty Assoc.

b) Address of organization

14 Ichabod Dr. Melrimack NH 03054

c) Type of organization

Real Estate

☐ Legislator ☒ Household Member

2) a) Name of business, profession, or other organization

State of NH Judiciary

b) Address of organization

Concord, NH

c) Type of organization

Court

(continue on page 3 if necessary)

If you or a household member had no qualifying income, indicate by INSERTING YOUR INITIALS after the following statement.

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

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**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 in accordance with section 6 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a household member than other members of a group identified in this form, a Declaration of Intent Form is required. See section 6 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

Do you or a household 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 household member's financial interest:

Legis- lator	Household Member	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. <i>State of NH Judiciary</i>
<input type="checkbox"/>	<input type="checkbox"/>	(b) Health Care <i>NN Real Estate Comm</i>
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(c) Insurance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe: <i>Hinch-Crowley Realty Associates</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(d) Real estate, including brokers, agents, developers, and landlords
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(e) Banking or financial services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Describe: <i>State of NH - Judiciary</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(f) State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(g) New Hampshire Retirement System
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(h) Current use land assessment program
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(i) Restaurants and lodging
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(j) The sale and distribution of alcoholic beverages
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(k) Practice of law
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(l) Any business regulated by the Public Utilities Commission
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(m) Legal forms of gambling or charitable gaming
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(n) Education
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(o) Water resources
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(p) Agriculture
<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(q) New Hampshire taxes: <input type="checkbox"/> Business Profits Tax, <input type="checkbox"/> Business Enterprise Tax, <input type="checkbox"/> Interest and Dividends Tax
<input type="checkbox"/>	<input type="checkbox"/>	(r) Other
		Describe: _____

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

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*[Signature]*  
Signature or typed first and last name of Legislator/Officer

*12-22-18*  
Date

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