

✓ 4/28/11
RW
12:20

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 4/28/2011
Bill(s) or Activity in Question HB 102

I WILL participate X I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM

REGULATED BY 2 OF THESE DEPARTMENTS

CONSIDERED IN THIS BILL

Additional Information: _____

Signature: 

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date _____

Bill(s) or Activity in Question HB 1409

I WILL participate ☒

I WILL NOT participate ☐

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.


Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM A
REGISTRATION REPRESENTATIVE, HOLDING A SERIES 6, 63,
26 AND 65 LICENSES

Additional Information: _____

Signature: 

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 4/12/2012

Bill(s) or Activity in Question H B 1460

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.


Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM IN
THE BUSINESS OF SUPPLYING RETIREMENT
PLANS TO COMPANIES AND DEAL WITH MULTIPLE
VENDORS IN THAT BUSINESS

Additional Information: _____

Signature: 

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 3/22/2012

Bill(s) or Activity in Question HB 517

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

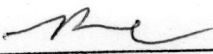
Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: CVW OIL

WHO TESTIFIED IS A CLIENT OF MINE

Additional Information: _____

Signature: 

rec 1/20/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/20/2012
Bill(s) or Activity in Question JLCA PROPOSAL 2011-145

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

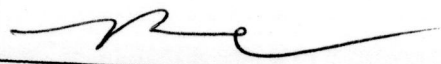
Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: I HAVE A DISABLED SON
WHO RECEIVES MEDICAL AID TO
THE PERMANENTLY DISABLED

Signature: 

rec 1/20/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name Raymond White NH Senate District 9 Date 1/20/2012
Bill(s) or Activity in Question JLCA PROPOSAL 2011-169

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: I HAVE A DISABLED ADULT
SON WHO RECEIVES MEDICAID AND
AID TO THE PERMANENTLY DISABLED

Signature: [Signature]

rec: 2/22/11

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 2/22/2011

Bill(s) or Activity in Question SB 163 FN

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.


Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I AM AN INSURANCE
AGENT AND WORK IN LIFE INSURANCE
BUSINESS

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: 

DEC 9 REC'D

DEC 6 REC'D

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

DEC 6 REC'D

Name RAYMOND WHITE NH Senate District 9 Date 12/8/11
Bill(s) or Activity in Question SB 185

I WILL participate ☒

I WILL NOT participate ☐

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.


Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I AM REGULATED BY
DEPT OF INSURANCE AND BUREAU OF
SECURITIES REGULATION

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: 

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 2/29/2011
Bill(s) or Activity in Question SB 186

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I EARN INCOME FROM THE
INSURANCE AND SECURITIES BUSINESS.

Nature of relationship between legislator and any affected person or entity: I AM
REGULATED BY THE DEPARTMENT OF
INSURANCE AND SECURITIES DEPARTMENT

Additional Information: I AM IN THE INSURANCE AND
INVESTMENT BUSINESS, AND EARN A LIVING
FROM IT.

Signature: _____

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 2/24/2011
Bill(s) or Activity in Question SB 188 FN

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.


Public or private entities affected: _____

Nature of benefit to the legislator: I EARN INCOME FROM
BOTH SECURITIES AND INSURANCE

Nature of financial interest in the issue: I EARN INCOME FROM
INSURANCE AND SECURITIES

Nature of relationship between legislator and any affected person or entity: _____
I AM REGULATED BY BOTH INSURANCE
DEPARTMENT AND SECURITIES DEPARTMENT

Additional Information: _____

Signature: 

rec 1/20/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/12/2012

Bill(s) or Activity in Question SB 211

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I HAVE SEVERAL

FOREIGN HOMES AS CLIENTS IN MY
BENEFITS PRACTICE

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: me

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012

Bill(s) or Activity in Question SB 219

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM

A LICENSED HEALTH INSURANCE AGENT

Additional Information: _____

Signature: 

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012
Bill(s) or Activity in Question SB 220

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM
A LICENSED HEALTH INSURANCE AGENT

Additional Information: _____

Signature: 

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012
Bill(s) or Activity in Question SB221

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I am
A LICENSED HEALTH INSURANCE AGENT

Additional Information: _____

Signature: 

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012
Bill(s) or Activity in Question SB 222

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

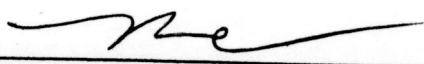
Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I Am
AN INSURANCE AGENT

Additional Information: _____

Signature: 

rec 1/20/12

Scanned

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/12/2012

Bill(s) or Activity in Question SB 239

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

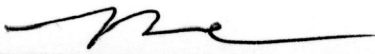
Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: GAAT

FRANCIS, CHAIRMAN OF THE BOARD OF
MHISB, IS A CLIENT OF MINE IN MY
Additional Information: BENEFITS BUSINESS

Signature: 

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012

Bill(s) or Activity in Question SB 253

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: I AM
A LICENSED INSURANCE AGENT

Additional Information: _____

Signature: Re

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012
Bill(s) or Activity in Question SB 334

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

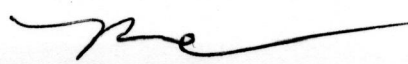
Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I AM AN INSURANCE
AGENT, AND SELL SENIOR AGE
INSURANCE PRODUCTS

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: 

rec 1/11/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/10/2012

Bill(s) or Activity in Question SB 335

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

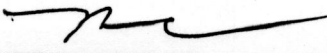
Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: JOHN

CROWIN, WHO REQUESTED THIS BILL,
IS A CLIENT OF MINE

Additional Information: _____

Signature: 

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/24/2012

Bill(s) or Activity in Question SB 350

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: _____

Nature of relationship between legislator and any affected person or entity: _____

I AM A LICENSED NH INSURANCE
PRODUCER

Additional Information: _____

Signature: 

rec 1/20/12

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 1/19/2012
Bill(s) or Activity in Question SB 365 FN

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

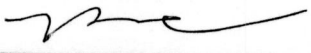
Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I SELL HEALTH INSURANCE
IN MY PRACTICE.

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: 

Commerce
8-12-11
3:20pm

New Hampshire General Court
New Hampshire Senate
Declaration of Intent

Name RAYMOND WHITE NH Senate District 9 Date 8/9/2011
Bill(s) or Activity in Question SB 74

I WILL participate X

I WILL NOT participate _____

NOTE: IF YOU HAVE CHOSEN NOT TO PARTICIPATE, NO OTHER INFORMATION IS NECESSARY.

Public or private entities affected: _____

Nature of benefit to the legislator: _____

Nature of financial interest in the issue: I AM LICENSED WITH
NUMEROUS LIFE INSURANCE COMPANIES

Nature of relationship between legislator and any affected person or entity: _____

Additional Information: _____

Signature: 