

**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 Charles W. Morse  
(circle one) (print name)

Address 18 Brook Hollow Drive Salem 03079  
(street) (town/city) (zip code)

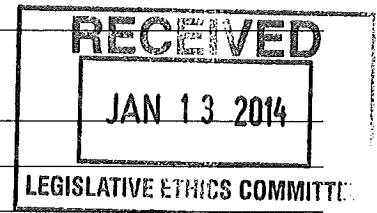
Office held Senate County/District 22 Telephone Number 271-8472

**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 was an employee, officer, director, associate, partner, or proprietor, or served in any other professional or advisory capacity, from which you or a member family 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 See Attached  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_
- 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 in accordance with section 5 of the Ethics Guidelines. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have. Even if you disclose a financial interest on this form, you may still have to file a separate Declaration of Intent Form on a particular bill.

(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.  
See Attached
- ☐ (b) Health Care
- ☐ (c) Insurance
- ☒ (d) Real estate, including brokers, agents, developers, and landlords  
See Attached
- ☐ (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  
See Attached
- ☒ (q) New Hampshire taxes: ☒ Business Profits Tax, ☒ Business Enterprise Tax,  
☐ Interest and Dividends Tax  
See Attached
- ☐ (r) Other

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

**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.

Ch. W.

Signature of Legislator/Officer

1-17-18

Date

**Complete and return to the Legislative Ethics Committee no later than the third Friday in January.**

## Sources of Income

Company Name	Address	Established	Business Type
Freshwater Farms, Inc.	1 Kip Cam Road, Atkinson, NH 03811	Feb 1988	Nursery & Garden Center
Freshwater Farms Management Services, LLC	1 Kip Cam Road, Atkinson, NH 03811	Sept 2009	Landscaping and Maintenance
FWF Leasing, LLC	1 Kip Cam Road, Atkinson, NH 03811	Apr 2010	Equipment Leasing
C&C Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
C&M Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
Granite Creek Farms, LLC	316 South Road, Rte 125, Brentwood, NH 03853	2/13/2007	Nursery & Garden Center
Emma Brentwood Realty, LLC	18 Brookhollow Drive, Salem, NH 03079	9/28/2006	Real Estate LLC