

**New Hampshire General Court**  
**New Hampshire Senate**  
**Declaration of Intent**

Name DAN FELTES NH Senate District 15 Date 2/12/15  
Bill(s) or Activity in Question SB 60

I WILL participate X

I WILL NOT participate \_\_\_\_\_

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

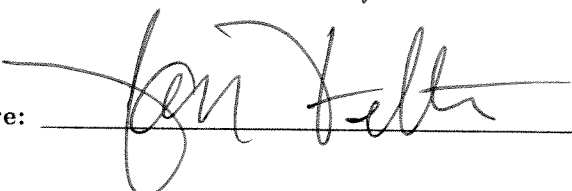
Public or private entities affected: \_\_\_\_\_

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: In my prior capacity as a  
legal aid attorney I participated in DE 07-064  
and a National Grid rate case concerning  
decoupling and took advocacy position on  
decoupling.

Signature: 

**New Hampshire General Court**  
**New Hampshire Senate**  
**Declaration of Intent**

Name DAW FELTES NH Senate District 15 Date 3/4/15  
Bill(s) or Activity in Question SB 170

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: In my prior capacity as a  
Legal assistance attorney I worked on  
issues contained in this bill, from  
representing low-income consumers interests.

Signature: \_\_\_\_\_

Dan Felt

**New Hampshire General Court**  
**New Hampshire Senate**  
**Declaration of Intent**

Name DAN FELTES NH Senate District 15 Date 3/4/15  
Bill(s) or Activity in Question SB 260 - FN

I WILL participate \_\_\_\_\_

I WILL NOT participate X

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: \_\_\_\_\_

Signature: \_\_\_\_\_

