

2017 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 Mariellen T. MacKay
(circle one) (print name)
Address 9 Webster Street Nashua 03064
(street) (town/city) (zip code)
Office held STATE Rep County/District Hillsborough³⁰ Telephone Number 603 577-8932

I. Sources of Income

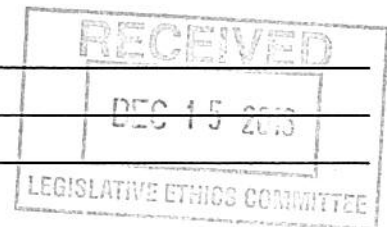
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Vann's Auto Body
b) Address of organization 734 DW Highway, Merrimack NH
c) Type of organization Auto Body Shop 03054

- 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 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Marilyn J. MacKay

Signature or typed first and last name of Legislator/Officer

12.15.16

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 20, 2017.

2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

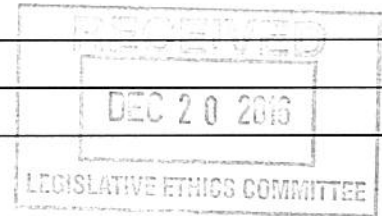
Name of Legislator/Officer _____ JAMES R. MACKAY _____
(circle one) (print name)
Address 139 North State Street, Concord, NH 03301
(street) (town/city) (zip code)
Office held State Representative County/District MERR 14 Telephone Number 603-224-0625

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
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 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 JRM

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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: Own an apartment building
- ☒ (e) Banking or financial services
Describe: LPL Financial, 4707 Executive Dr. San Diego, Cal 92121
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: State Representative
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☒ Interest and Dividends Tax, ☐ Business Profits Tax, ☐ Business Enterprise Tax
- ☐ (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.

Chris R. MacKenzie 12.16.20
Signature or typed first and last name of Legislator/Officer Date

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Mark S MacKenzie
(circle one) (print name)

Address 319 West Erie Street Manchester NH 03102
(street) (town/city) (zip code)

Office held House County/District Hillsborough 17 Telephone Number 603 668 9119

I. Sources of Income

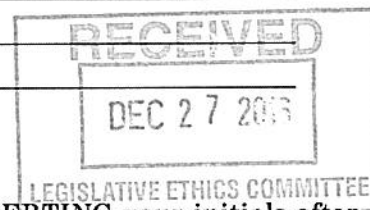
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization AFLCIO Retirement Fund (Retired State President)
b) Address of organization 815 16 th street Washington DC 20002
c) Type of organization Federation of Labor

- 2) a) Name of business, profession, or other organization New Hampshire Retirement System
b) Address of organization Concord NH
c) Type of organization State of NH Pension System

(attach additional sheets 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.

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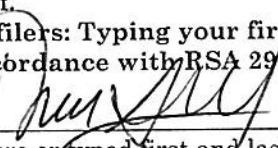
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: Recieve a Pension for the State Retirement System
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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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 12/23/2016
Signature or typed first and last name of Legislator/Officer 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.)

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2017 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 Mark S MacKenzie
(circle one) (print name)

Address 319 West Erie Street Manchester NH 03102
(street) (town/city) (zip code)

Office held Representative County/District 17 Hillsborough Telephone Number 603 668 9119

I. Sources of Income

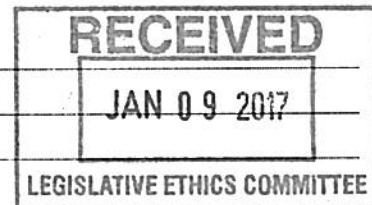
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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.

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- 1) a) Name of business, profession, or other organization _____
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 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 MSM.

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.

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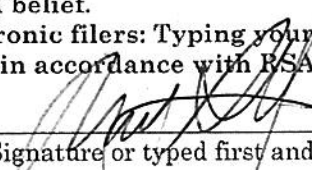
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Do you or a household member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your household member's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

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: Member of the System receiving a pension as a former firefighter
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☒ (r) Other
Describe: Workers Compensation Appeals Board

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 or typed first and last name of Legislator/Officer

1/1/2017

Date

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As prescribed by RSA 14-B:8

Name of Legislator/Officer Mark S MacKenzie
(circle one) (print name)

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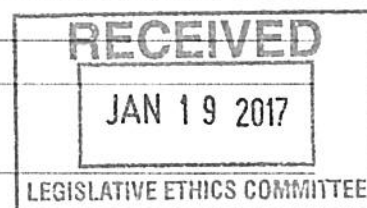
Office held Representative County/District 17 Hillsborough Telephone Number 603 668 9119

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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.

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- 1) a) Name of business, profession, or other organization _____
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 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 MSM.

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.

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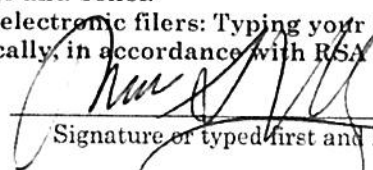
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- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: Member of the System receiving a pension as a former firefighter
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
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- ☒ (r) Other
Describe: Workers Compensation Appeals Board

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 or typed first and last name of Legislator/Officer

1/1/2017

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

Lambert, Richard

From: Mark S MacKenzie <msmackenzie@comcast.net>
Sent: Thursday, January 19, 2017 9:50 AM
To: Lambert, Richard
Subject: financial disclosure form
Attachments: financial disclosure form 2017.pdf

Mackenziedist17@gmail.com

2017 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 Kevin G. Maes
(circle one) (print name)

Address P.O. Box 205 Rumney NH 03266
(street) (town/city) (zip code)

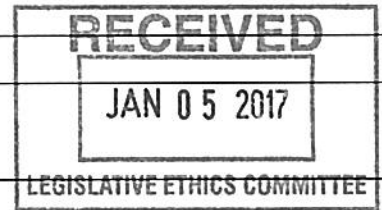
Office held State Representative County/District Grafton 6 Telephone Number 603-786-9705

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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.

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- 1) a) Name of business, profession, or other organization _____
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 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 RM.

II. Disclosure of Financial Interests

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List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: Part time Police Officer, Town of Rumney
- ☒ (g) New Hampshire Retirement System
Describe: Retired Educator
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Ruth B. Maer

Signature or typed first and last name of Legislator/Officer

January 4, 2017

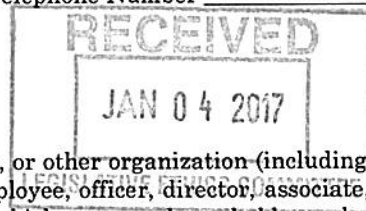
Date

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 20, 2017.

2017 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 Norman L. Major
(circle one) (print name)
Address 12 Kingson Road Plaistow 03865
(street) (town/city) (zip code)
Office held representative County/District Rockingham/14 Telephone Number 603 382-5429



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Lucent Technology
b) Address of organization New York/ New York
c) Type of organization Telecommunication Equipment Manufacture

- 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 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: Rental at 1 Major LN Plaistow, NH
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: 10 plus acres of land
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☒ Business Profits Tax, ☐ Business Enterprise Tax,
☒ Interest and Dividends Tax
- ☐ (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.

Norman L. Major

Signature or typed first and last name of Legislator/Officer

Jan 4, 2017

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 20, 2017.

Lambert, Richard

From: Major, Norman
Sent: Wednesday, January 04, 2017 2:45 PM
To: Lambert, Richard
Cc: Major, Norman; Major, Norman
Subject: Emailing: financialDisclosureEForm2017
Attachments: financialDisclosureEForm2017.pdf

Financial Disclosure Form

2017 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 Dennis Malloy
(circle one) (print name)
Address 10 VAN ETEN Drive Greenland 03840
(street) (town/city) (zip code)
Office held STATE Rep County/District Rodanham 23 Telephone Number 603 970-1827

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Malloy Interiors Inc
b) Address of organization 105 Bartlett Street Suite 206 Portsmouth NH
c) Type of organization Commercial Interior Design
- 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 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 DJM.

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:

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

- ☐ (b) Health Care

Describe: _____

- ☐ (c) Insurance

Describe: _____

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

Describe: _____

- ☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

- ☐ (g) New Hampshire Retirement System

Describe: _____

- ☐ (h) Current use land assessment program

Describe: _____

- ☐ (i) Restaurants and lodging

Describe: _____

- ☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

- ☐ (k) Practice of law

Describe: _____

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

Describe: _____

- ☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

- ☐ (n) Education

Describe: _____

- ☐ (o) Water resources

Describe: _____

- ☐ (p) Agriculture

Describe: _____

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

- ☐ (r) Other

Describe: Malloy Intern pay BPT/BET + I pay interest Dividend IRA

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.

Dennis Malloy

Signature or typed first and last name of Legislator/Officer

12/21/2016

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 20, 2017.

2017 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 Michael Maloney
(circle one) (print name)
Address PO Box 45 1870 Province Rd Gilmanton NH 03237
(street) (town/city) (zip code)
Office held state rep. County/District Belknap/5 Telephone Number 603-731-2439

RECEIVED

JAN 04 2017

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Epsom Healthcare center
b) Address of organization 901 Suncook Valley Hwy
c) Type of organization skilled nursing facility
- 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 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.

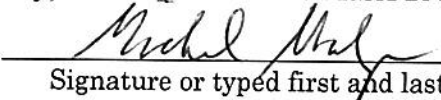
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

 12-31-16
Signature or typed first and last name of Legislator/Officer 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 20, 2017.

2017 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 _____
(circle one)

Latha Mangipudi
(print name)

Address _____

(street)

20 Salmon Brook Dr, Nashua, NH 03062

(town/city)

(zip code)

Office held _____

Rep

County/District _____

Hills 35

Telephone Number _____

603-891-1239

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization None Dell Inc
b) Address of organization 200 Innovation Drive, Nashua, NH
c) Type of organization Computer company
- 2) a) Name of business, profession, or other organization None
b) Address of organization _____
c) Type of organization _____

(attach additional sheets 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

[Signature]

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.

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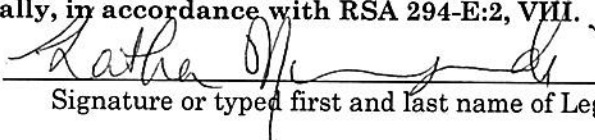
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

1/4/16
Date

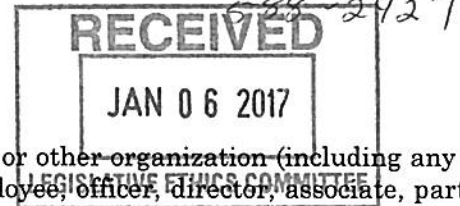
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. *(This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 JONATHAN F. MAULEY, REPRESENTATIVE
(circle one) (print name) Hills - 3
Address 227 BIBLE HILL RD BENNINGTON 03442
(street) (town/city) (zip code)
Office held Rep. County/District Hills 3 Telephone Number 603



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization SSA
b) Address of organization WASHINGTON DC
c) Type of organization RETIRED DC

- 2) a) Name of business, profession, or other organization NH Retirement System
b) Address of organization CONCORD, NH
c) Type of organization Retirement

(attach additional sheets 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.

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(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:

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

☒ (b) Health Care

Describe: MEDICARE

☒ (c) Insurance

Describe: ANNUITY

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

Describe: _____

☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

☒ (g) New Hampshire Retirement System

Describe: MEMBER - RECIPIENT

☒ (h) Current use land assessment program

Describe: I HAVE AN ANNUITY IN CURRENT USE

☐ (i) Restaurants and lodging

Describe: _____

☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

☐ (k) Practice of law

Describe: _____

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

Describe: _____

☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

☒ (n) Education

Describe: RETIRED TEACHER

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

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

☐ (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.

Jennifer G. M. [Signature]
Signature or typed first and last name of Legislator/Officer

1/5/17
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 20, 2017.

2017 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 (Legislator) John E. Mann
(circle one) (print name)

Address 35 Prentice Hill Road Alstead 03602
(street) (town/city) (zip code)

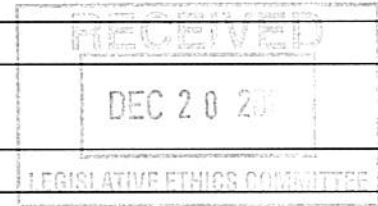
Office held Representative County/District Cheshire 02 Telephone Number 835-9095

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
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 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 JEM.

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

John Mann

12/29/2016

Signature or typed first and last name of Legislator/Officer

Date

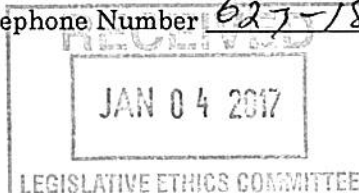
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. *(This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 RICHARD MARPLE
(circle one) (print name)
Address 11 DARTMOUTH ST HOOKSETT 03106
(street) (town/city) (zip code)
Office held REP County/District #24 Telephone Number 627-7837



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
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 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 R.M.

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.

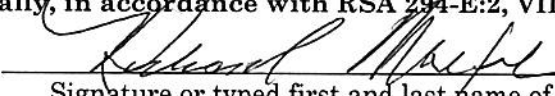
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

"WITHOUT PREJUDICE" RSA 382-A:1-308
RSA 382-A:1-103, UCC 1-103, UCC 1-308 1/17
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 20, 2017.

2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

DEC 15 2018

Name of Legislator/Officer WILLIAM M MARSH
(circle one) (print name)

Address 742 PLEASANT VALLEY RD WOLFEBORO NH 03894
(street) (town/city) (zip code)

Office held REP. County/District CARROLL 8 Telephone Number 569-6382

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization WILLIAM M MARSH MD
b) Address of organization 10 center st. Wolfboro NH 03894
c) Type of organization Sole proprietorship

- 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 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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
OPHTHALMOLOGIST (MD)
- ☒ (b) Health Care
Describe: OPHTHALMOLOGIST (MD) retired 11/16.
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: I rent space in my office building @ 10 Center St Wolfe.
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: I have land in current use.
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☒ Business Profits Tax, ☒ Business Enterprise Tax,
☒ Interest and Dividends Tax
I pay all these taxes
- ☐ (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.

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

12/15/16.
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 20, 2017.

2017 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 HENRY MARSH
(circle one) (print name)
Address 101 Mill Road North Hampton 03862
(street) (town/city) (zip code)
Office held Legislator County/District Rock 22 Telephone Number 603 964 5164

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- | | |
|---|---|
| 1) a) Name of business, profession, or other organization _____ | <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED
JAN 04 2017
LEGISLATIVE ETHICS COMMITTEE</div> |
| 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 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 JM.

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: UNH Head Wrestling Coach
- ☒ (g) New Hampshire Retirement System
Describe: My wife and I
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☒ (n) Education
Describe: WHS School board member
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Henry Mark 12/19/16
Signature or typed first and last name of Legislator/Officer Date

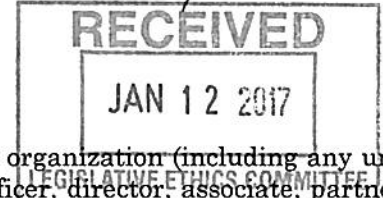
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Joelle Martin
(circle one) (print name)
Address 122 Noons Quarry Rd Milford 03055
(street) (town/city) (zip code)
Office held State Rep County/District Hillsborough Telephone Number 603/836-4356
District 23



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Southern New Hampshire Univ.
b) Address of organization 2500 N. River Rd. Manchester, NH 03106
c) Type of organization private university / non-profit

- 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 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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business. *as listed above,*
So. NH University, Sr. VP - Don Brezinski, husband
- ☐ (b) Health Care
Describe: Council Youths with Chronic Conditions, Vice Chair
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☒ (n) Education
Describe: SNHU; Certified K-12 teacher, NH -- Joelle Martin, retire,
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☒ (r) Other
Describe: Boys & Girls Club (Souhegan Valley), Board Member, volunteer

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] 1/11/17
Signature or typed first and last name of Legislator/Officer 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 20, 2017.

RICH LAMBERT

2017 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 Jesse Martineau
(circle one) (print name)
Address 82 Mechanic Street, #1 Manchester 03101
(street) (town/city) (zip code)
Office held Representative County/District Hillsborough 42 Telephone Number 540-2428

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Southern New Hampshire University
b) Address of organization 33 South Commercial Street Manchester, NH 03101
c) Type of organization University
- 2) a) Name of business, profession, or other organization Washington Hospital Center
b) Address of organization 110 Irving Street, NW Washington, DC 20010
c) Type of organization Hospital

(attach additional sheets 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.

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(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:

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

☒ (b) Health Care

Describe: Wife works in hospital. She is a nurse

☐ (c) Insurance

Describe: _____

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

Describe: _____

☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

☐ (g) New Hampshire Retirement System

Describe: _____

☐ (h) Current use land assessment program

Describe: _____

☐ (i) Restaurants and lodging

Describe: _____

☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

☐ (k) Practice of law

Describe: _____

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

Describe: _____

☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

☒ (n) Education

Describe: I work for a university

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

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

☐ (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.

Deane Martin

Signature or typed first and last name of Legislator/Officer

1/11/17

Date

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Linda Massimilla
(circle one) (print name)
Address 197 Orchard Hill Rd. Littleton, NH. 03561
(street) (town/city) (zip code)
Office held Rep. County/District Grafton 1 Telephone Number 444-5278

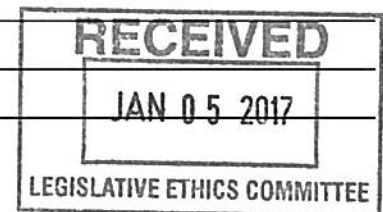
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization NHRS
b) Address of organization 54 Regional Dr. Concord, NH.
c) Type of organization retirement system

- 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 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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: I am a Group I member
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Linda A. Massimella Jan 5, 2017
Signature or typed first and last name of Legislator/Officer 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 20, 2017.

2017 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 Carolyn L. Matthews
(circle one) (print name)

Address 12 Ann Logan Circle Raymond 03077
(street) (town/city) (zip code)

Office held Representative County/District Rockingham 03 Telephone Number 603-244-2027

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Panamerican Health Assoc (PAHO)
b) Address of organization 2112 F St NW Washington DC 20037
c) Type of organization Branch of United Nations that manages health for S. Am & N. Am
World Health
- 2) a) Name of business, profession, or other organization Teachers Ins. & Annuity Assoc. (TIAA)
b) Address of organization 730 3rd Ave NY, NY 10017-3206
c) Type of organization retirement for teachers & those associated

(attach additional sheets 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
only through U.N.
- ☒ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: only the nat'l pension
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Carol J. Matthews 12/25/2016
Signature or typed first and last name of Legislator/Officer Date

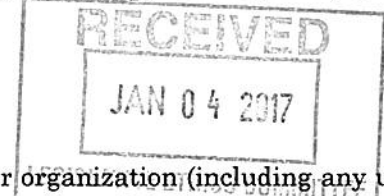
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Rebecca Susan McBeath
(circle one) (print name)
Address 243 Middle Road Portsmouth, NH 03801
(street) (town/city) (zip code)
Office held NH House Rep County/District Rochester #26 Telephone Number 603 834-3281



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Howard J. McBeath, PLLC
b) Address of organization One New Hampshire Ave #125, Portsmouth, NH 03801
c) Type of organization Law Firm

- 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 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.

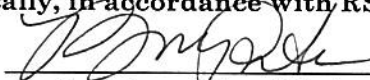
(over)

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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Attorney, Law Firm, Howard & McBeath, PLLC
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

2 January 2017
Date

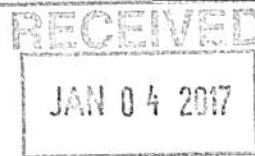
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 FRANK M. CATHY
(circle one) (print name)
Address 124 SOREN RD. CONWAY 03818
(street) (town/city) (zip code)
Office held Rep. County/District CARROLL #2 Telephone Number (603) 356-9168



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization _____
- 2) a) Name of business, profession, or other organization NONE _____
b) Address of organization _____
c) Type of organization _____

(attach additional sheets 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 FM

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (r) Other
Describe: NONE

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.

James H. Hickey
Signature or typed first and last name of Legislator/Officer

1/04/17
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 20, 2017.

2017 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 Michael McCarthy
(circle one) (print name)
Address 34 Terry St Nashua 03064
(street) (town/city) (zip code)
Office held Representative County/District Hills 29 Telephone Number 603.598.4966V

RECEIVED

JAN 11 2017

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Verizon Communications
b) Address of organization 1 Wall St Manchester NH
c) Type of organization Telecommunications and Internet provider

- 2) a) Name of business, profession, or other organization Fairpoint Communications
b) Address of organization 875 Holt Ave Manchester NH
c) Type of organization Telecommunications and Internet provider

(attach additional sheets 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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☒ (l) Any business regulated by the Public Utilities Commission
Describe: Verizon Communications and Fairpoint Communications
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Michael McCarthy

Signature or typed first and last name of Legislator/Officer

01112017

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 20, 2017.

Lambert, Richard

From: Michael McCarthy <mikemccarthynh@gmail.com>
Sent: Wednesday, January 11, 2017 2:01 PM
To: Lambert, Richard
Subject: Disclosure form 2nd attempt
Attachments: financialDisclosureEForm2017 (1).pdf

I hope this works

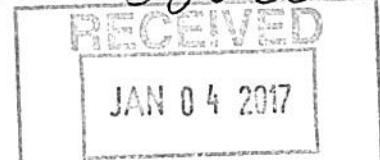
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Max McCunkey
(circle one) (print name)

Address 10 Chove Lane #1 03836
(street) (town/city) (zip code)

Office held Rep County/District Carroll 3 Telephone Number 520-8275



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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. ① Whittier Coalition, M+V Convenience, ③ McCunkey Construction

- 1) a) Name of business, profession, or other organization _____
b) Address of organization 1+2 P.O. Box 90 W. Ossipee 3-10 Chover Ln Freedom
c) Type of organization Real Estate, Convenience store, Construction Excavation

- 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 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 N/A

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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
NH Permitted Septic Designer / Installer / Waste Works Operator
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: Whittier Capital, Private held Real Estate
- 4 ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: Effingham Property
- ☐ (i) Restaurants and lodging
Describe: Onsite License - M+W Convenience
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: See above Licenses in #4
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

1/4/2016
Date

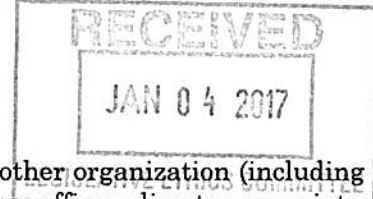
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2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator James W. McConnell
(circle one) (print name)
Address 42 Monadnock Highway North Swamzy NH 03431
(street) (town/city) (zip code)
Office held Cheshire County/District 12 Telephone Number (603) 903-0106



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
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 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 *JM*

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.

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(over)

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- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

12/24/16

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 20, 2017.

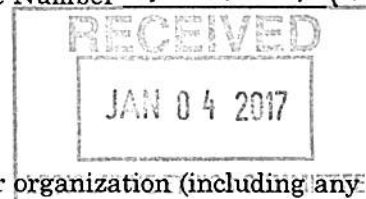
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Carol McGuire
(circle one) (print name)

Address 700 Suncook Valley Hwy Epsom 03234
(street) (town/city) (zip code)

Office held Representative County/District Merr. 29 Telephone Number 782-4918



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

Carol McGuire & Daniel Helman

- 1) a) Name of business, profession, or other organization CRUT 1 + CRUT 2
b) Address of organization 700 Suncook Valley Hwy 03234
c) Type of organization charitable remainder trusts

- 2) a) Name of business, profession, or other organization Murphy's Taproom
b) Address of organization 494 Elm St, Manchester
c) Type of organization restaurant / bar

(attach additional sheets 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: part owner of business renting ~~for~~ space
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☒ (i) Restaurants and lodging
Describe: _____
- ☒ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☒ Business Profits Tax, ☐ Business Enterprise Tax,
☒ Interest and Dividends Tax
- ☐ (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.

Carol M. Lewis

Signature or typed first and last name of Legislator/Officer

1/4/17
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 20, 2017.

2017 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 Betsy McKinney
(circle one) (print name)
Address 3 Leelynn Cir Londonderry 03053
(street) (town/city) (zip code)
Office held Rep. County/District Rock 5 Telephone Number 432-5232

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
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 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 B.M.K.

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Betsy McDerney 12/22/16
Signature or typed first and last name of Legislator/Officer Date

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2017 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 E. MCRAHON
(circle one) (print name)
Address 11 FLORAL ST Windham 03087
(street) (town/city) (zip code)
Office held Rep County/District 7 Telephone Number 603-406-4646

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Coco Early + Assoc.
b) Address of organization 125 Indian Rock Rd Windham N.H. 03087
c) Type of organization Real Estate
- 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 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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: Agent
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Charles E. McChesney 1-5-17
Signature or typed first and last name of Legislator/Officer Date

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2017 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 Jody L. McNally
(circle one) (print name)

Address 13 Stillwater Circle Rochester 03839
(street) (town/city) (zip code)

Office held State Representative County/District Strafford Telephone Number 603-330-7655
10

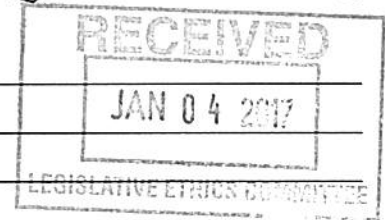
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Seabrook Nuclear Power Plant
b) Address of organization Lafayette Rd.
c) Type of organization Armed Security Guard [G-4S Security]
- 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 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

[Handwritten initials]

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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Armed Security Officer
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Jody L. McNally January 2, 2017
Signature or typed first and last name of Legislator/Officer Date

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2017 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 McNamee
(circle one) (print name)
Address P.O. Box 1891 Hillsboro, NH 03244
(street) (town/city) (zip code)
Office held Rep. County/District D-38 Telephone Number 603 933-2919

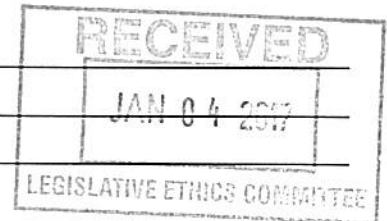
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Loon Pond Wellness
b) Address of organization P.O. Box 1891 Hillsboro, NH 03244
c) Type of organization Chiropractic Clinic
- 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 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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
Have Bill related to BPTAXES (Filing)
- ☐ (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.

Richard R. Noman

Signature or typed first and last name of Legislator/Officer

1-4-2017

Date

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2017 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 DAVID R. MEADER
(circle one) (print name)
Address 86 EAST SURRY RD (P.O. BOX 1030) KEENE 03431
(street) (town/city) (zip code)
Office held HOUSE County/District CHES. 6 Telephone Number 357-1340

I. Sources of Income

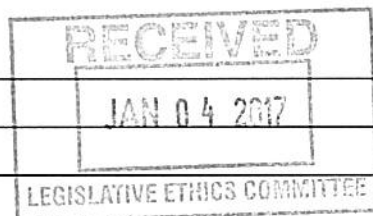
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization CHESHIRE OIL CO.
b) Address of organization 678 MARLBORO ST KEENE NH 03431
c) Type of organization CONVENIENCE STORES

- 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 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.

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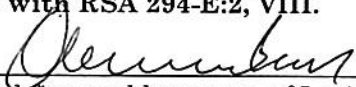
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

 12-21-16
Signature or typed first and last name of Legislator/Officer Date

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Troy Merner
(circle one) (print name)
Address P.O. Box 421 Lancaster, NH 03584
(street) (town/city) (zip code)
Office held Coos County/District 7 Telephone Number 788-3048

I. Sources of Income

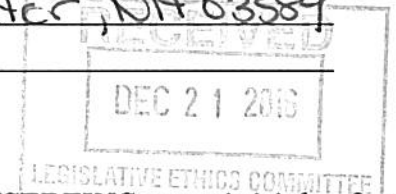
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Iron Worker Local 7 Pension
b) Address of organization 195 Old Colony Way, S. Boston, MA 02127
c) Type of organization Union

- 2) a) Name of business, profession, or other organization Esco Title LLC
b) Address of organization 148 Main Street, Lancaster, NH 03584
c) Type of organization Title Company

(attach additional sheets 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

12/19/16
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 20, 2017.

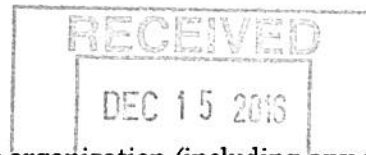
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Mindi Messner
(circle one) (print name)

Address 291 Washington Road Rye 03870
(street) (town/city) (zip code)

Office held Rep. House County/District Rockingham/24 Telephone Number 603-498-8847



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Terra Nova Environmental
b) Address of organization 291 Washington Rd, Rye NH 03870
c) Type of organization Environmental Consultant

- 2) a) Name of business, profession, or other organization Skyworks, Inc.
b) Address of organization 20 Sylvan Rd, Woburn, MA
c) Type of organization Electronics Mfg.

(attach additional sheets 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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
NH Professional Geologist
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

12-15-2016
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 20, 2017.

2017 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 DAVID E. MILZ
(circle one) (print name)
Address 12R BONNIE LANE DERBY 03038
(street) (town/city) (zip code)
Office held REP County/District Rock 6 Telephone Number 437-0030

I. Sources of Income

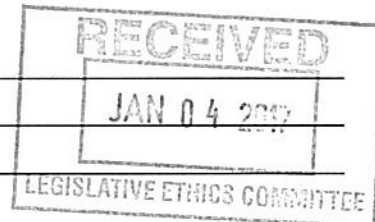
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization NONE

- 2) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization NONE

(attach additional sheets 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 DM.

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.

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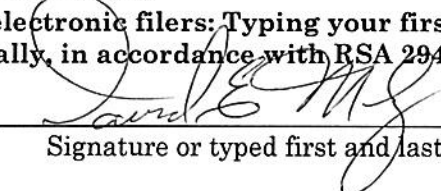
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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

1/3/2016
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 20, 2017.

2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

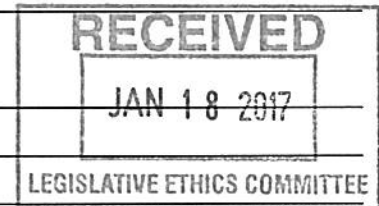
Name of Legislator/Officer Howard M. Moffatt
(circle one) (print name)
Address 2 Baptist Road (P.O. Box 267) Conterbury, NH 03224
(street) (town/city) (zip code)
Office held State Rep County/District Merrimack 2 Telephone Number 603-783-4993

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization N/A
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 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 HMM.

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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: State Representative
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: Owner of ± 60 acres in current use
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Howard M. Moffett

Signature or typed first and last name of Legislator/Officer

1/18/17

Date

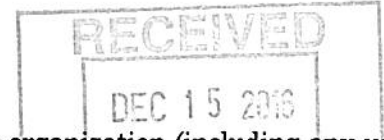
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Michael I Moffett
(circle one) (print name)
Address 144 Green View Drive London, NH 03307
(street) (town/city) (zip code)
Office held State Rep County/District Merr 9 Telephone Number 603-491-0553



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization NH. Retirement System
b) Address of organization Concord, N.H.
c) Type of organization Retirement System

- 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 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.

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(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:

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

☐ (b) Health Care

Describe: _____

☐ (c) Insurance

Describe: _____

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

Describe: _____

☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

☒ (g) New Hampshire Retirement System

Describe: Beneficiary

☐ (h) Current use land assessment program

Describe: _____

☐ (i) Restaurants and lodging

Describe: _____

☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

☐ (k) Practice of law

Describe: _____

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

Describe: _____

☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

☐ (n) Education

Describe: _____

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

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

☐ (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.

M J Moffett

Signature or typed first and last name of Legislator/Officer

15 Dec 2016

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.)

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2017 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 Josh Moore
(circle one) (print name)
Address 14 Bottonwood lane Merrimack 03054
(street) (town/city) (zip code)
Office held Representative County/District Hills 21 Telephone Number 603-361-0955

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization The Leadership Institute
b) Address of organization Arlington, VA
c) Type of organization Non-profit political ~~training~~ training
- 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 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.

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(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:

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

- ☐ (b) Health Care

Describe: _____

- ☐ (c) Insurance

Describe: _____

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

Describe: _____

- ☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

- ☐ (g) New Hampshire Retirement System

Describe: _____

- ☐ (h) Current use land assessment program

Describe: _____

- ☐ (i) Restaurants and lodging

Describe: _____

- ☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

- ☐ (k) Practice of law

Describe: _____

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

Describe: _____

- ☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

- ☐ (n) Education

Describe: _____

- ☐ (o) Water resources

Describe: _____

- ☐ (p) Agriculture

Describe: _____

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

- ☐ (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

1/19/17
Date

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Cynthia C. Moore
(circle one) (print name)

Address 146 DAVIS Village Rd New Ipswich 03071
(street) (town/city) (zip code)

Office held State Rep County/District Hillsboro 25 Telephone Number 603.933.0971

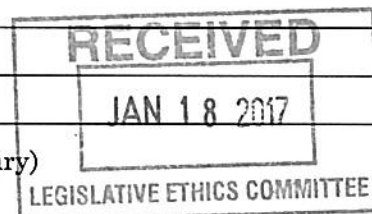
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization D.H. HANBICK & Sons
b) Address of organization RT 47³⁰¹ Francestown Rd - PO Box 430 Antrim NH
c) Type of organization LOCKING AGENTS 03440
- 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 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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Forestry, wife / cosmetology
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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]
Signature or typed first and last name of Legislator/Officer

1/18/17
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.)

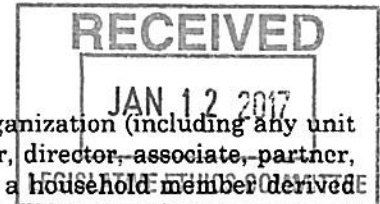
Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Sen. D. Morrison
(circle one) (print name)
Address 78 Hamilton Drive Epworth 03042
(street) (town/city) (zip code)
Office held State Representative County/District Rockingham Telephone Number 603.291.7459

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Hamper Fire & Rescue
b) Address of organization 150 Main St Hamper, NH 03843
c) Type of organization Fire Department

- 2) a) Name of business, profession, or other organization Great Expectations
b) Address of organization 78 Hamilton Drive Epworth NH 03042
c) Type of organization Pre-school / Pre-kindergarten

(attach additional sheets 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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
Great Expectations / The School / Hampshire Fire Dept / NH Army National Guard
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: *Hampshire Fire & Rescue / NH Army National Guard*
- ☒ (g) New Hampshire Retirement System
Describe: *Spouse*
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax, ☐ Interest and Dividends Tax
- ☒ (r) Other
Describe: *Army National Guard*

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] Signature or typed first and last name of Legislator/Officer
1/2/17 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 20, 2017.

Lambert, Richard

From: sean morrison <moe.morrison@yahoo.com>
Sent: Thursday, January 12, 2017 6:18 PM
To: Lambert, Richard
Subject: financial disclosure-Morrison
Attachments: Sean 2017 financial disclosure.pdf; ATT00001.htm

Hello

Please S knowledge receipt of my financial disclosure and instruct me if you need anything further. Thank you!
Sean Morrison-Epping

Sent from my iPhone

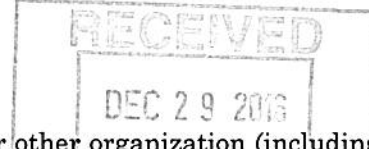
Begin forwarded message:

From: Tacheryn Morrison <luckywith13@yahoo.com>
Date: January 12, 2017 at 9:16:08 AM EST
To: Sean Morrison <moe.morrison@yahoo.com>
Subject: financial disclosure
Reply-To: Tacheryn Morrison <luckywith13@yahoo.com>

2017 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 Wayne Moynihan
(circle one) (print name)
Address 138 Plain Road Dummer NH 03588
(street) (town/city) (zip code)
Office held St. Rep. County/District Coos / 2 Telephone Number 603 449 2058



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization N/A
b) Address of organization _____
c) Type of organization _____

- 2) a) Name of business, profession, or other organization N/A
b) Address of organization _____
c) Type of organization _____

(attach additional sheets 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 WTM

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.

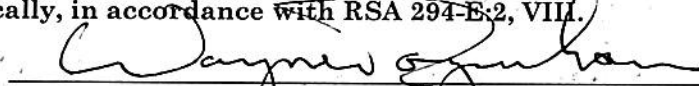
(over)

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: **N/A**

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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-B:2, VIII.


Signature or typed first and last name of Legislator/Officer

12/26/16
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 20, 2017.

2017 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 JOHN A. MULLEN JR.
(circle one) (print name)

Address 34 SHORE DRIVE MIDDLETON 03887
(street) (town/city) (zip code)

Office held NH STATE REP County/District Strafford/1 Telephone Number 603-755-9062

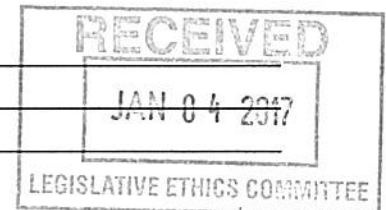
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization TYCO ELECTROINCS
b) Address of organization 100 HALF DAY ROAD, PO BOS 1430, LINCOLNSHIRE, IL 60069
c) Type of organization AMP/TYCO ELECTROINCS PENSION
- 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 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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

John Mullen

1-3-2017

Signature or typed first and last name of Legislator/Officer

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 20, 2017.

1

2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

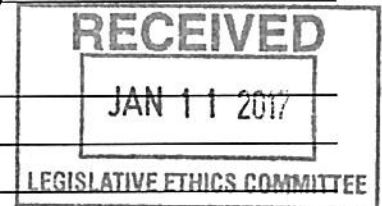
Name of Legislator/Officer MARY JANE MULLIGAN
(circle one) (print name)
Address 156 1/2 Lyme Road, Hanover, NH 03755
(street) (town/city) (zip code)
Office held State Rep County/District Grafton Telephone Number 603-667-7088
#12

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Mulligan-Nichols AAT
b) Address of organization 156 1/2 Lyme Road, Hanover, NH 03755
c) Type of organization Owner-occupied rental
- 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 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 mjm

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.

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(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:

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

☐ (b) Health Care

Describe: _____

☐ (c) Insurance

Describe: _____

☒ (d) Real estate, including brokers, agents, developers, and landlords

Describe: Owner-occupied rental

☐ (e) Banking or financial services

Describe: _____

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

Describe: _____

☐ (g) New Hampshire Retirement System

Describe: _____

☐ (h) Current use land assessment program

Describe: _____

☐ (i) Restaurants and lodging

Describe: _____

☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

☐ (k) Practice of law

Describe: _____

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

Describe: _____

☐ (m) Legal forms of gambling or charitable gaming

Describe: Substitute teacher

☒ (n) Education

Describe: _____

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

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

☐ (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.

Mary Jane Mulligan
Signature or typed first and last name of Legislator/Officer

1/10/2017
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 20, 2017.

2017 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 _____

(circle one)

(print name)

Address _____

(street)

(town/city)

(zip code)

Office held _____

County/District _____

Telephone Number _____

RECEIVED

JAN 19 2017

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

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

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)

(Adult daughter) NH HHS, Nashua NH 03060

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.

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(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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
SCA Technica, Inc. S-Corp.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: Nashua Board of Education (Daughter) NH HHS
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☒ (n) Education
Describe: Nashua NH Board of Education
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Interest and Dividends Tax ☒ Business Profits Tax, ☒ Business Enterprise Tax,
- ☐ (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.

Dale A. [Signature]
Signature or typed first and last name of Legislator/Officer

1/19/2017
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 20, 2017.

2017 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 Keith Murphy
(circle one) (print name)
Address 5 Rachel Way Bedford 03110
(street) (town/city) (zip code)
Office held State Rep. County/District Hills-07 Telephone Number 203-1106

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, officer, director, associate partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Keith Murphy's Taproom, LLC
b) Address of organization 494 Elm Street Manchester NH 03101
c) Type of organization Restaurant

- 2) a) Name of business, profession, or other organization My Social Sports, LLC
b) Address of organization 40 West Brook Street Manchester NH 03101
c) Type of organization Recreational Sports League

(attach additional sheets 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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
NH Liquor Commission - liquor licensee
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☒ (i) Restaurants and lodging
Describe: Own a restaurant.
- ☒ (j) The sale and distribution of alcoholic beverages
Describe: Liquor Licensee
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☐ Interest and Dividends Tax ☒ Business Profits Tax, ☒ Business Enterprise Tax,
- ☐ (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.

Keith Murphy

Signature or typed first and last name of Legislator/Officer

1/18/17

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 20, 2017.

Lambert, Richard

From: Keith Murphy <rep.keithmurphy@gmail.com>
Sent: Wednesday, January 18, 2017 4:23 PM
To: Lambert, Richard
Subject: Ethics Disclosure
Attachments: financialDisclosureEForm20172.pdf

Attached please find the ethics disclosure form as requested.

Keith Murphy

2017 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 KATE MURPHY
(circle one) (print name)
Address 38 DUCKS HEAD New Castle 03854
(street) (town/city) (zip code)
Office held Representation County/District Dorchester 54 Telephone Number 603-501-8989

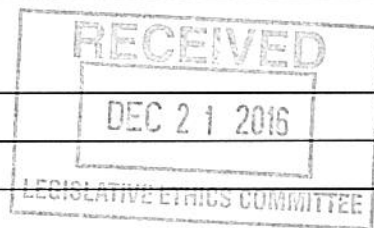
I. Sources of Income

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization clear eye photo
b) Address of organization POB 2193 New Castle NH
c) Type of organization photography
- 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 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

Case Murray 12-21-2016
Signature or typed first and last name of Legislator/Officer 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 20, 2017.

2017 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 _____ MEL MYLER _____
(circle one) (print name)
Address P.O. Box 82 CONTOOSOOK 03224
(street) (town/city) (zip code)
Office held REPRESENTATIVE County/District MEMPHIS-10 Telephone Number 746-5294

I. Sources of Income

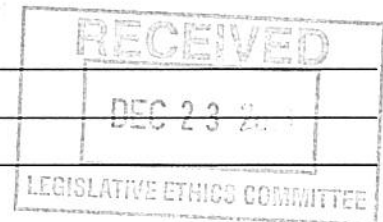
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization RETIRED NATIONAL EDUCATION ASSO.
b) Address of organization 1201 16TH ST, NW WASHINGTON, DC 20036
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 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.

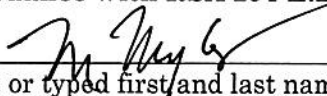
(over)

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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

 12-21-2016

Signature or typed first and last name of Legislator/Officer 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 20, 2017.

2017 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 Jim Nasser
(circle one) (print name)
Address 154 Gile Road Nottingham 03290
(street) (town/city) (zip code)
Office held Representative County/District Rockingham 2 Telephone Number 6037936679

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Bradford Networks
b) Address of organization 162 Pembroke Road, Concord NH
c) Type of organization Network Software Company

- 2) a) Name of business, profession, or other organization Lindt and Sprungli
b) Address of organization 3 Portsmouth Road, Stratham NH
c) Type of organization Chocolate Outlet Store

(attach additional sheets 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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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.

James Nasser

Signature or typed first and last name of Legislator/Officer

1/16/17

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.)*

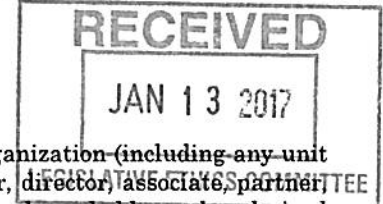
Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

Lambert, Richard

From: Jim Nasser <jjn13@comcast.net>
Sent: Monday, January 16, 2017 6:46 PM
To: Lambert, Richard
Subject: 2017 Financial Disclosure Form
Attachments: financialDisclosureEForm2017.pdf

2017 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 Steven J. Negron
(circle one) (print name)
Address 28 Tanglewood Drive Nashua
(street) (town/city) (zip code)
Office held Representative County/District Hillsborough/32 Telephone Number 603-417-8900



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Integron, LLC
b) Address of organization 71 Spit Brook Road, Ste 410 Nashua NH 03060-5636
c) Type of organization LLC

- 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 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.

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(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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☒ (q) New Hampshire taxes: ☐ Interest and Dividends Tax ☒ Business Profits Tax, ☒ Business Enterprise Tax,
I own my company, Integron, LLC
- ☐ (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.

Steven J. Negron

Signature or typed first and last name of Legislator/Officer

01/13/17

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 20, 2017.

Lambert, Richard

From: Negron, Steven
Sent: Friday, January 13, 2017 5:29 PM
To: Lambert, Richard
Subject: Financial Disclosure Form
Attachments: financialDisclosureEForm2017.pdf

Rich,
Please find my Financial Disclosure form attached.

If you need further information, please don't hesitate to ask.

Warmest Regards

Steve

Steve Negron
NH State Representative
NH District 32/Nashua Ward 5
603-417-8900

FAX 271 6607

2017 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 Bill Nelson (print name)
 (circle one)
 Address 98 Lyford Rd. Brookfield 03872
 (street) (town/city) (zip code)
 Office held Rep. County/District Carroll 5 Telephone Number 603-522-5279

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization New Hampshire Retirement System
 b) Address of organization 54 Regional Drive Concord
 c) Type of organization Teacher Retirement System
- 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 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.

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(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:

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

- ☐ (b) Health Care

Describe: _____

- ☐ (c) Insurance

Describe: _____

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

Describe: _____

- ☐ (e) Banking or financial services

Describe: _____

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

Describe: Selectman, Brookfield, NH

- ☒ (g) New Hampshire Retirement System

Describe: Teachers Retirement Plan

- ☐ (h) Current use land assessment program

Describe: _____

- ☐ (i) Restaurants and lodging

Describe: _____

- ☐ (j) The sale and distribution of alcoholic beverages

Describe: _____

- ☐ (k) Practice of law

Describe: _____

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

Describe: _____

- ☐ (m) Legal forms of gambling or charitable gaming

Describe: _____

- ☐ (n) Education

Describe: _____

- ☐ (o) Water resources

Describe: _____

- ☐ (p) Agriculture

Describe: _____

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

- ☐ (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.

Bill Nelson (William G. Nelson Sr)

Signature or typed first and last name of Legislator/Officer

1/19/17

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 20, 2017.

2017 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 Sue Newman
(circle one) (print name)
Address 25 Charlotte Ave Nashua NH 03064
(street) (town/city) (zip code)
Office held State Rep. County/District Hillsborough 29 Telephone Number 603-880-8973

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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- | | |
|---|--|
| 1) a) Name of business, profession, or other organization _____ | <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">RECEIVED

JAN 10 2017

LEGISLATIVE ETHICS COMMITTEE</div> |
| 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 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 SN.

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:

- ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
REAL ESTATE SALES PERSON LICENSE
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☐ (n) Education
Describe: _____
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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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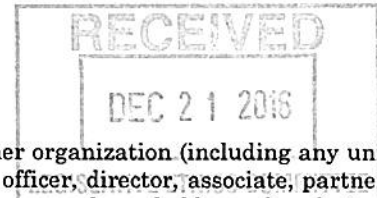
Lee A. Newman 1-6-2017
Signature or typed first and last name of Legislator/Officer Date

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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

2017 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 Robert Nigrello
(circle one) (print name)
Address 2 pine woods road east kingston 03827
(street) (town/city) (zip code)
Office held Representative County/District Rockingham 16 Telephone Number 603 394 7591



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, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household 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 "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.

- 1) a) Name of business, profession, or other organization Ledvance
b) Address of organization 200 Ballardvale Street Wilmington Ma 18887
c) Type of organization Business

- 2) a) Name of business, profession, or other organization East Kingston Elementary School
b) Address of organization 11 Andrews Lane East Kingston NH 03827
c) Type of organization Public School

(attach additional sheets 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:

- ☐ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
List each such profession, occupation, or category of business.
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☐ (h) Current use land assessment program
Describe: _____
- ☐ (i) Restaurants and lodging
Describe: _____
- ☐ (j) The sale and distribution of alcoholic beverages
Describe: _____
- ☐ (k) Practice of law
Describe: _____
- ☐ (l) Any business regulated by the Public Utilities Commission
Describe: _____
- ☐ (m) Legal forms of gambling or charitable gaming
Describe: _____
- ☒ (n) Education
Describe: Special Education Para Professional
- ☐ (o) Water resources
Describe: _____
- ☐ (p) Agriculture
Describe: _____
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax
- ☐ (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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Robert Nigrello

12/21/2016

Signature or typed first and last name of Legislator/Officer

Date

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