

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 BRIAN SEAWORTH
(circle one) (print name)
Address 161 BUCK ST PEMBROKE 03225
(street) (town/city) (zip code)
Office held STATE REP County/District MERR 20 Telephone Number (603) 485-8030

I. Sources of Income

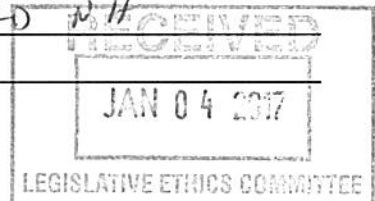
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 SEAWORTH CONSULTING, LLC
b) Address of organization 161 BUCK ST. PEMBROKE NH
c) Type of organization SOFTWARE CONSULTING

- 2) a) Name of business, profession, or other organization GOFF WILSON PA
b) Address of organization TWO CAPITAL PLAZA CONCORD NH
c) Type of organization IMMIGRATION LAW

(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.

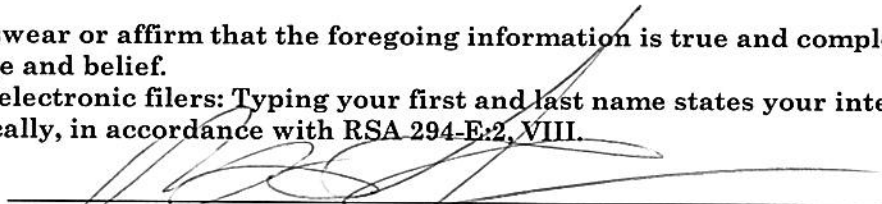
(over)

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: 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
- ☐ (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

1-3-17
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 CARL SEIDEL
(circle one) (print name)

Address 39 PILGRIM CIRCLE NASHUA 03063
(street) (town/city) (zip code)

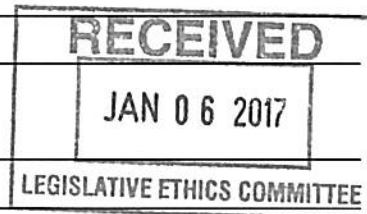
Office held REPRESENTATIVE County/District HALSBOROUGH 28 Telephone Number 603 598 2785

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 CS

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.

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Paul Seidel 1/11/17
Signature or typed first and last name of Legislator/Officer Date

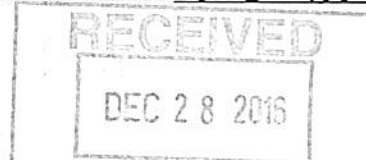
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

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

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 JEFF SHACKETT
(circle one) (print name)
Address 181 WHITTEMORE POINT ROAD S BRIDGEWATER
(street) (town/city) (zip code) 03222
Office held REP County/District GRAFTON 9 Telephone Number 603-466-6326



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 SHACKETT HOLDINGS LLC
b) Address of organization 296 WEST SHORE ROAD BRISTOL
c) Type of organization GROCERY, GAS, RESTAURANT, RENTALS

- 2) a) Name of business, profession, or other organization JPS INDUSTRIES
b) Address of organization JPS DRIVE ALEXANDRIA
c) Type of organization ENVIRONMENTAL SERVICES

(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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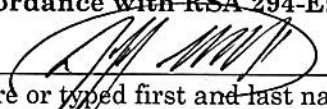
(over)

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.
LIQUOR LICENSE, FOOD SERVICE, WEIGHTS & MEASURES
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: AGENT, LANDLORD
- ☒ (e) Banking or financial services
Describe: OWNER FINANCED MORTGAGES
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: HAVE LAND IN CURRENT VSC
- ☒ (i) Restaurants and lodging
Describe: OWN A RESTAURANT
- ☒ (j) The sale and distribution of alcoholic beverages
Describe: HAVE LIQUOR LICENSE (BEER/WINE)
- ☐ (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

12.22.16

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 Rep. Barbara Shaw
(circle one) (print name)
Address 45 Randall St. Manchester NH 03103
(street) (town/city) (zip code)
Office held Representative County/District Hills 16 Telephone Number 6036264681

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 04 2017
LEGISLATIVE ETHICS AND FINANCIAL DISCLOSURE</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 BES.

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: alderman Ward 9 city of Manchester
- ☐ (g) New Hampshire Retirement System
Describe: receive pension - retired teacher
- ☐ (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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Rep. Barbara Shaw
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 Rep. Marjorie Shepardson
(circle one) (print name)

Address 94 Pleasant St. Marlborough 03455
(street) (town/city) (zip code)

Office held Representative County/District Cheshire 10 Telephone Number 876-4027

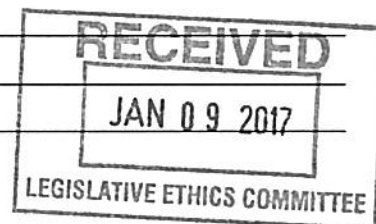
I. Sources of Income

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 Monadnock School District
b) Address of organization 600 Old Homestead Hwy., Swanzey, NH
c) Type of organization School district

- 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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- ☐ (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: 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.

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Majorie Shephardson 1/6/17
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 Stephen J. Shurtleff
(circle one) (print name)
Address 11 Vinton Dr. Pewaukee, WI 53303
(street) (town/city) (zip code)
Office held State Rep County/District Menomonee V Telephone Number 253 4863

I. Sources of Income

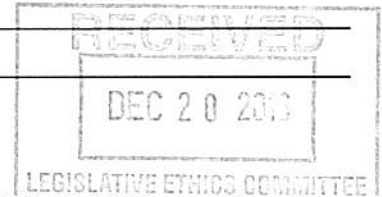
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 US Govt
b) Address of organization OPM Washington DC
c) Type of organization Retired US Marshal (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)

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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: _____

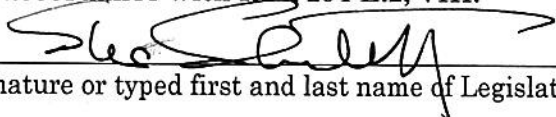
☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax

☐ (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

12/17/16
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 NORMAN SILBER
(circle one) (print name)
Address 243 Mountain Drive, Gilford, NH 03249
(street) (town/city) (zip code)
Office held State Representative County/District Belknap #02 Telephone Number 603-293-0565

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 Attorney Norman J. Silber
b) Address of organization 243 Mountain Drive, Gilford, NH 03249
c) Type of organization private law practice
- 2) a) Name of business, profession, or other organization Investments held at Fidelity Investments
b) Address of organization P. O. Box 770001, Cincinnati, OH 45277
c) Type of organization SEC Registered Investment Advisor & Mutual Fund Family

(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.
Practice of law in New Hampshire by the Legislator
- ☐ (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: Legislator engages in private practice of law in NH
- ☐ (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
legislator & his spouse are currently subject to the interest & 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.

Donna Gill
Signature or typed first and last name of Legislator/Officer

12-19-2016
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.

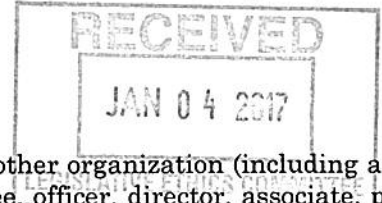
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Ryan Smith
(circle one) (print name)

Address 1 Hill St Northfield 03276
(street) (town/city) (zip code)

Office held State Rep County/District Merrimack 03 Telephone Number 603-630-6039



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 Teacher Merrimack Valley School District
b) Address of organization 14 Allen St, Pembroke
c) Type of organization School District

- 2) a) Name of business, profession, or other organization Camp Fatima
b) Address of organization 32 Fatima Rd, Gilmanston IR
c) Type of organization Summer Camp

(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: ~~Special Education Teacher~~ Special Education Teacher

☒ (n) Education

Describe: _____

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

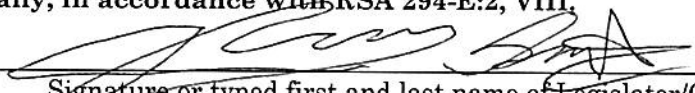
☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax

☐ (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.


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 Margorie Smith
(circle one) (print name)
Address 100 Piscataqua Rd Danham, NH 03824
(street) (town/city) (zip code)
Office held H. Rep County/District Str 6 Telephone Number 603 868 7500

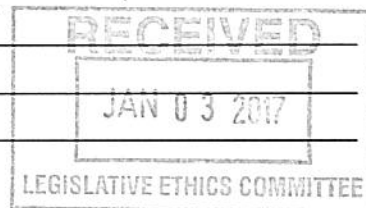
I. Sources of Income

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 NA
b) Address of organization _____
c) Type of organization _____
- 2) a) Name of business, profession, or other organization NA
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 MKS.

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: ☒ 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.

Mark Smith

Signature or typed first and last name of Legislator/Officer

12/20/16

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 Steven D. Smith
(circle one) (print name)

Address PO Box 624 Charleston, NH 03603
(street) (town/city) (zip code)

Office held Representative County/District Sullivan 11 Telephone Number 826-5996

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 Tom Tom
b) Address of organization 11 Lafayette St Lebanon, NH 03766
c) Type of organization Technology
- 2) a) Name of business, profession, or other organization SAU 60
b) Address of organization East St Charleston, NH 03603
c) Type of organization School District

(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: Adelle Smith - Para Professional SAU 60

☐ (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

12/19/2016
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 Suzanne Smith
(print name)

Address 20 Brookside Lane Hebron 03241
(street) (town/city) (zip code)

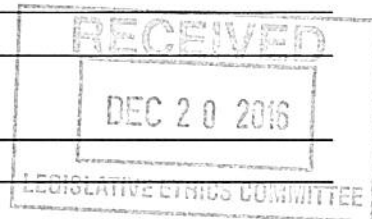
Office held NH House rep County/District Grafton 8 Telephone Number (603) 715-0086

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 Social Security Admin
b) Address of organization Washington DC
c) Type of organization SS benefits
- 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 SS.

II. Disclosure of Financial Interests

Identify and describe below any reportable 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) The 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.

Suzanne Smith 12/20/16
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 Timothy Smith
(circle one) (print name)
Address 494 south main st, apt 1 manchester 03102
(street) (town/city) (zip code)
Office held state rep County/District hills 17 Telephone Number 603-657-0324

RECEIVED

JAN 17 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 IT Manager at Memsic, INC
b) Address of organization 1 technology drive, andover MA
c) Type of organization Technology/Engineering

- 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.

Timothy Smith

Signature or typed first and last name of Legislator/Officer

1/12/2017

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: Smith, Tim
Sent: Tuesday, January 17, 2017 8:27 PM
To: Lambert, Richard
Subject: Financial Disclosure form
Attachments: 2017_tsmith_financialdisclosure.pdf

Financial Disclosure form attached.

Let me know if anything else is needed.

--

Representative Timothy Smith
Manchester, NH
tim.smith@leg.state.nh.us
<http://www.timsmithnh.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 Gregory G Smith
(circle one) (print name)

Address 3 Mountain View Rd. Pelham NH 03076
(street) (town/city) (zip code)

Office held Rep. County/District Hills 37 Telephone Number 603 635 3835

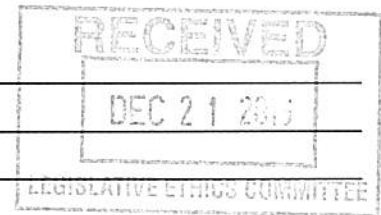
I. Sources of Income

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 Cisco Systems
b) Address of organization 170 W. Tasman Drive, San Jose, CA 95134
c) Type of organization Corporation, public
- 2) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization _____
- RECEIVED
DEC 21 2003

(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.

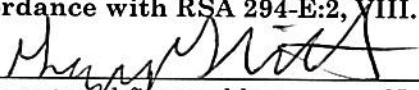
(over)

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

12/21/2016
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.

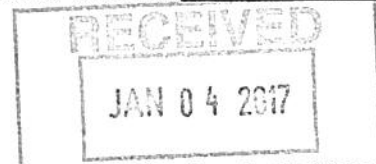
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Kendall A Snow
(print name)

Address 150 Birchwood Rd Manchester NH 03104
(street) (town/city) (zip code)

Office held State Representative County/District Hillsborough 42 Telephone Number 609-1075



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 _____
c) Type of organization Retired Public School Teacher
- 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 reportable 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: I occasionally teach community education courses for

☐ (c) Insurance. The Mental Health Center of Greater Manchester

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: Retired Teacher Beneficiary Wife (Martha Snow)

☐ (h) Current use land assessment program.

Describe: _____

☐ (i) Restaurants and lodging.

Describe: _____

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

Describe: _____

☐ (k) The 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.

Kendall A. Snow

Signature or typed first and last name of Legislator/Officer

Dec 29, 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 Kendall SHOW
(circle one) (print name)
Address 150 Birchwood Rd Manchester, NH 03104
(street) (town/city) (zip code)
Office held State Representative County/District Hillsborough 42 Telephone Number 669-7075

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 _____
c) Type of organization Retired Public School retirement

- 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
I occasionally present community education

Describe: *Programs for The Mental Health Center of Greater Manchester*

☐ (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: *Wife is a retired public school teacher*

☐ (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.

Kimball C. Lewis

Signature or typed first and last name of Legislator/Officer

Jan 4, 2016

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

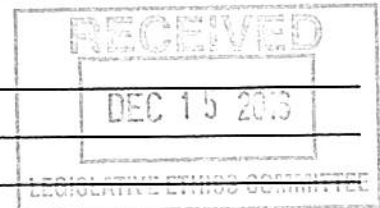
Name of Legislator/Officer Catherine Sofikitis
(circle one) (print name)
Address 59 Marshall St Nashua NH 03060
(street) (town/city) (zip code)
Office held State Rep County/District 34 Telephone Number 603 489-8163

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 unum → Long term Disability
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 CMS.

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.

Catherine M. S. [Signature]

12/15/2016

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 PAUL Somero
(circle one) (print name)
Address 10 VISTA DR. NEW IPSWICH 03071
(street) (town/city) (zip code)
Office held _____ County/District _____ Telephone Number 617 899 7995

I. Sources of Income

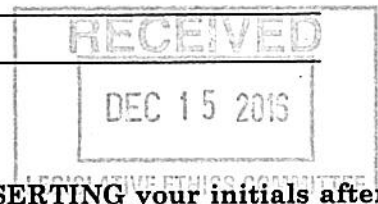
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Fox Brook Holdings
b) Address of organization 829 TURNPIKE RD NEW IPSWICH NH
c) Type of organization Real Estate Developer

- 2) a) Name of business, profession, or other organization Viz Reflectives
b) Address of organization 829 TURNPIKE RD
c) Type of organization SAFETY PRODUCTS

(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: FOX BROOK HOLDINGS DONAL ASSOC
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: LAND - FOX BROOK HOLDINGS DONALASSCO EASTERN QUAD V12
Reflected
- ☐ (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: LAND IN NH
- ☐ (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.

Paul Homer 12-15-16
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 Peter F. Somssich
(circle one) (print name)
Address 34 Swett Ave., Portsmouth NH 03801
(street) (town/city) (zip code)
Office held State County/District 27 Telephone Number 603-436-5221
Representative

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 LLC
b) Address of organization 71 Chevy Hill Dr. Beverly, MA 01915
c) Type of organization Research Center / Lighting
- 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.

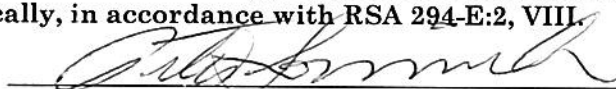
(over)

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.



Signature or typed first and last name of Legislator/Officer

12/27/2016

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 Timothy A. Soucy
(circle one) (print name)

Address 11 Princeton Street Concord 03301
(street) (town/city) (zip code)

Office held Representative County/District Merrimack Telephone Number 603-305-5012

RECEIVED

JAN 12 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 NHRS.
b) Address of organization 54 Regional Dr. Concord, NH 03301
c) Type of organization Retirement System

- 2) a) Name of business, profession, or other organization Bianco Professional Assn.
b) Address of organization 18 Centre Street, Concord, NH 03301
c) Type of organization Law Firm

(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.

Spouse employed by Bianco PA as registered lobbyist.

- ☒ (b) Health Care

Describe: Spouse employed by Bianco PA as registered lobbyist.

- ☒ (c) Insurance

Describe: Spouse employed by Bianco PA as registered lobbyist.

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

Describe: Spouse employed by Bianco PA as registered lobbyist.

- ☒ (e) Banking or financial services

Describe: Spouse employed by Bianco PA as registered lobbyist.

- ☐ (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: Spouse employed by Bianco PA as registered lobbyist.

- ☐ (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: Spouse employed by Bianco PA as registered lobbyist.

- ☐ (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.

Timothy A. Soucy

Signature or typed first and last name of Legislator/Officer

01/03/2017

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

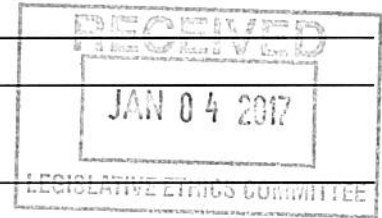
Name of Legislator Officer Thomas Southworth
(circle one) (print name)
Address 56 Durham Rd Unit 26 Dover 03820
(street) (town/city) (zip code)
Office held State Rep County/District Stratford 20 Telephone Number 742-0556

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 SLH.

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: I am a selectman for Ward 4 Dover.

- ☒ (g) New Hampshire Retirement System

Describe: I am a retired educator collecting a pension.

- ☐ (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 do a few projects for SAU 50 towns.

- ☐ (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.

Thomas Southworth 11/1/17
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.

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 Kathleen Souza
(circle one) (print name)

Address 628 Belmont St. Manchester 03104
(street) (town/city) (zip code)

Office held Representative County/District Hills 43 Telephone Number 603-645-6131

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 Social Security
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: retirement benefit includes health insurance
- ☒ (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: retired teacher pension - relates to (b.) & (c.) above
- ☐ (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
IN PAST, PAID ↑
- ☐ (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.

Kathleen Savage

Signature or typed first and last name of Legislator/Officer

12-20-2016

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 Judith T. Spang
(circle one) (print name)

Address 55 WISWALL RD DURHAM 03824
(street) (town/city) (zip code)

Office held Rep. County/District 6 Telephone Number 828-6419

I. Sources of Income

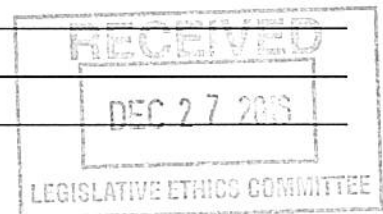
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Consultant to Maine
b) Address of organization Augusta, Me. Technology Inst.
c) Type of organization government - state of Maine

- 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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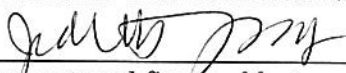
(over)

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,
- ☐ (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.

 12/20/16

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

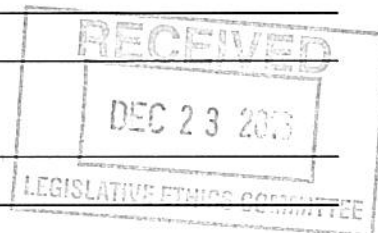
Name of Legislator/Officer Peter John Spanos
(circle one) (print name)
Address 3125 Parade Rd., Laconia, N.H. 03246
(street) (town/city) (zip code)
Office held Representative County/District Belknap 3 Telephone Number 603-455-4075

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 POS

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.

Peter J. Spars

Signature or typed first and last name of Legislator/Officer

12-20-16

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

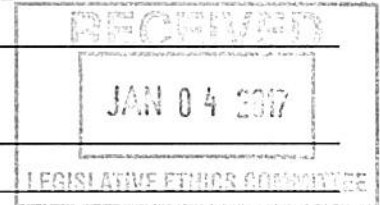
Name of (Legislator/Officer) Matthew L. Spencer
(circle one) (print name)
Address 17 Nash Parkway Somersworth 03878
(street) (town/city) (zip code)
Office held State Representative County/District Stafford 18 Telephone Number (860) 961-5712

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 MLS.

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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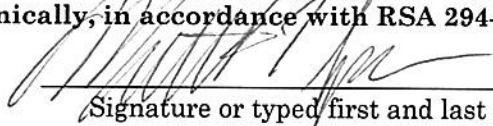
(over)

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.
Inactive Real Estate Salesperson License
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: 1
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: Inactive Real Estate Salesperson License
- ☐ (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

12/21/2016

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 James Spillane
(circle one) (print name)

Address 16 Swamp Rd., Deerfield NH 03037
(street) (town/city) (zip code)

Office held State Rep. County/District Rockingham 2 Telephone Number (603) 463-5623

I. Sources of Income

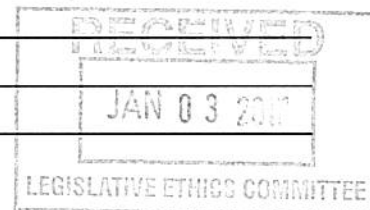
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Philips Medical Systems
b) Address of organization 3000 Minuteman Rd, MS487, Andover MA 01810
c) Type of organization Medical Device/Software

- 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: Philips Medical Systems

☐ (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 A. Mc 12/21/16
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 Dale Sprague
(circle one) (print name)
Address 35 Page St. Somersworth 03878
(street) (town/city) (zip code)
Office held House Rep County/District Stafford 18 Telephone Number 692-3440

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 Dale Sprague and Associates LLC
b) Address of organization 35 Page St Somersworth
c) Type of organization Real Estate
- 2) a) Name of business, profession, or other organization Dale Sprague Const. Co., Inc
b) Address of organization 35 Page St Somersworth
c) Type of organization Construction

(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.
Licensed Realtor, septic installation
- ☒ (b) Health Care
Describe: Buy Health care
- ☒ (c) Insurance
Describe: Buy Insurance
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: own company - Broker and develop
- ☒ (e) Banking or financial services
Describe: get loans
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☐ (g) New Hampshire Retirement System
Describe: _____
- ☒ (h) Current use land assessment program
Describe: own 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: Dig utilities
- ☒ (m) Legal forms of gambling or charitable gaming
Describe: represent charities
- ☐ (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] 1/4/17
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.

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 Joseph Stallcop
(circle one) (print name)

Address 74 Kelleher St. Keene. 03431
(street) (town/city) (zip code)

Office held State Representative County/District Cheshire 4 Telephone Number 860-917-3637

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: 80%;">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 JS.

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: Change in tuition cost would affect me as a student?
- ☐ (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.

Joseph Stallone 1/3/17
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.

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 Franklin W STerling, Jr.
(circle one) (print name)

Address 63 Monadnock View Drive Jaffrey 03452
(street) (town/city) (zip code)

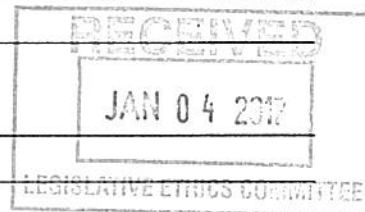
Office held Representative County/District Cheshire 14 Telephone Number 603-532-8284

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 FWSJr.

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.

Real Estate Salesman

- ☐ (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

- ☐ (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: _____

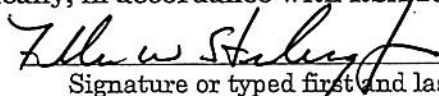
- ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax,
☐ Interest and Dividends Tax

- ☐ (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

12/26/2016

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.

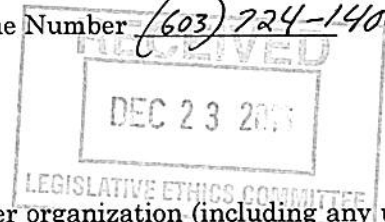
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator / Officer Brian J. Stone
(circle one) (print name)

Address 860 1st NH Turnpike Northwood, NH 03261
(street) (town/city) (zip code)

Office held Representative County/District Rockingham 1 Telephone Number (603) 724-1404



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 Wal Mart
b) Address of organization 703 S.W. 8th St., Bentonville, AK 72716
c) Type of organization retail corporation

- 2) a) Name of business, profession, or other organization NH DHHS - Division of Family Assistance
b) Address of organization 129 Pleasant St., Concord, NH 03301
c) Type of organization government agency

(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 Victoria Sullivan
(circle one) (print name)
Address 1056 S. Beech St Manchester 03103
(street) (town/city) (zip code)
Office held Rep. County/District Hills 16 Telephone Number 232-4382

I. Sources of Income

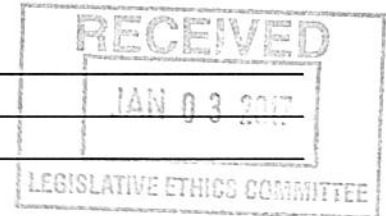
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Comcast
b) Address of organization Industrial Ave, Manchester, NH
c) Type of organization Broadband, Internet Provider

- 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.
Broadband, Internet providers
- ☐ (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.

Victoria L. Sullivan

Signature or typed first and last name of Legislator/Officer

1/3/2017

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: Victoria Sullivan <patchessul@comcast.net>
Sent: Tuesday, January 03, 2017 9:11 AM
To: Lambert, Richard
Attachments: financialDisclosureEForm2017 - Copy.pdf

Attached please find my financial disclosure form.

Thank you,

Rep. Victoria Sullivan
Hills 16

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 Daniel J Sullivan
(circle one) (print name)
Address 172 Arak St Manchester 03104
(street) (town/city) (zip code)
Office held Rep County/District Hills 8 Telephone Number 627-5044

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 City of Manch. Fire Dept
b) Address of organization 100 Merrimack St
c) Type of organization Municipal Fire Dept
- 2) a) Name of business, profession, or other organization Northstar Anesthesia, PA
b) Address of organization 6225 N. State HW 161 Ste 200, Irving TX 75038
c) Type of organization Anesthesia provider

(attach additional sheets if necessary)

- 3) Coldwell Banker 803 Elm St Manchester Real Estate

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 _____.

- 4) NVision Enterprises LLC 497 Hooksett Rd Manch. Real Estate

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.
EMT, CRNA, Real Estate agent
- ☒ (b) Health Care
Describe: EMT, CRNA
- ☐ (c) Insurance
Describe: Agent
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: MFD
- ☒ (f) State of New Hampshire, county, or municipal employment
Describe: Contributor
- ☒ (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.

Daniel J. Smith
Signature or typed first and last name of Legislator/Officer

1-2-16

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.

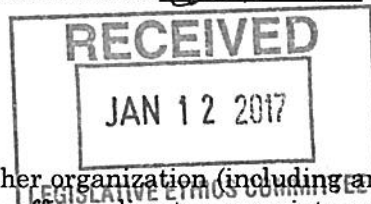
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer George Sykes
(circle one) (print name)

Address 3 Avon Avenue LEBANON 03766
(street) (town/city) (zip code)

Office held Representative County/District Grafton Telephone Number 603-448-0319



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 American Red Cross
b) Address of organization 24 Mansfield Ave, Burlington VT
c) Type of organization non-profit

 - 2) a) Name of business, profession, or other organization N.H.R.S.
b) Address of organization 54 Regional Ave Concord, NH.
c) Type of organization retirement fund
- (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: retirement account
- ☐ (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.

George E. Sylvestre 1/10/16
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 Mike Sylvia
(circle one) (print name)

Address 216 Faversville Rd Belmont 03220
(street) (town/city) (zip code)

Office held Rep. County/District Belknap 6 Telephone Number 603 707 8594

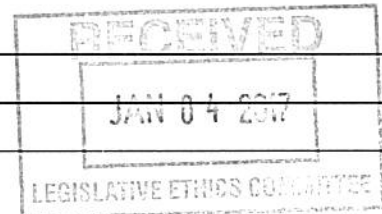
I. Sources of Income

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 Fed Ex
b) Address of organization 12 Artisan Ct. Gilford NH 03249
c) Type of organization Transportation
- 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

1/4/17
Date

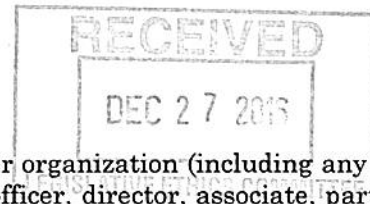
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed 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 JOHN SYTEK
(circle one) (print name)
Address 34 TOWN VILLAGE DR SALEM 03079
(street) (town/city) (zip code)
Office held REP County/District ROCK 8 Telephone Number 893-8889



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 SALEM SCHOOL DISTRICT
b) Address of organization 38 GOREMONTY DRIVE
c) Type of organization SCHOOL DISTRICT

- 2) a) Name of business, profession, or other organization LANDLORD OF RESIDENTIAL PROPERTY
b) Address of organization HOME ADDRESS ABOVE
c) Type of organization PROPRIETOR SHIP

(attach additional sheets if necessary)

3, NHRS

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: LANDLORD
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: PENSION 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: SEE OTHER SIDE - 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.

[Signature] 12/20/16
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 LINDA L. TANNER
(circle one) (print name)
Address 84 PROSPECT HILL Rd GEORGES Mills 03751-0267
(street) (town/city) (zip code)
Office held STATE REP County/District Sullivan 9 Telephone Number 763-4471

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-Teacher
b) Address of organization 54 Regional Dr Concord NH 03301 8507
c) Type of organization STATE Retirement Administration

- 2) a) Name of business, profession, or other organization Intelligent Banking Solutions
b) Address of organization 35 Little Lake Sunapee Rd New London, NH 03257
c) Type of organization Software support for collections

(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: Intelligent Banking Services - Software support for Collections
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: TEACHER RETIREMENT
- ☐ (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.

Amanda J. Lawrence

Signature or typed first and last name of Legislator/Officer

12/20/18
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 BRUCE TATRO
(circle one) (print name)

Address 208 OLD RICHMOND RD SWANZEY 03446
(street) (town/city) (zip code)

Office held STATE REP County/District CHESHIRE 15 Telephone Number 352-3904

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 CONCASA REGIONAL DR. CONCORD
c) Type of organization PENSION FUND

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

(attach additional sheets if necessary)

RECEIVED
JAN 18 2017
LEGISLATIVE ETHICS COMMITTEE

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.
TATRD TRUCKING
- ☐ (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: GROUP 1 RETIREE
- ☐ (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.

Brian Galt

Signature or typed first and last name of Legislator/Officer

1-18-17

Date

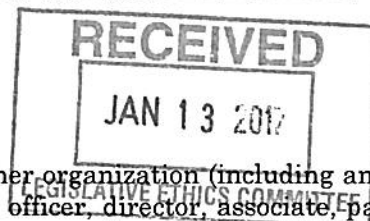
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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

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 Dave Testerman
(circle one) (print name)
Address PO Box 36 Franklin 03235
(street) (town/city) (zip code)
Office held Rep County/District Merrimack 2 Telephone Number 603 320 9524



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 Military Retired
b) Address of organization PO Box 7130, London KY 40742
c) Type of organization Military

- 2) a) Name of business, profession, or other organization BAE Retired
b) Address of organization PO Box 868, Nashua NH 03291
c) Type of organization Manufacturer

(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.

David K. Tuck Dec 19, 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 THEBERGE, ROBERT L
(circle one) (print name)
Address 30 OXFORD ST. BERLIN 03570-1513
(street) (town/city) (zip code)
Office held REP County/District COOS/3 Telephone Number 752-5672

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
DEC 22 2016
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 RJ.

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.

Robert Thiberge
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

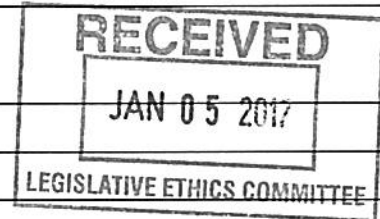
Name of Legislator/Officer Doug Thomas
(circle one) (print name)
Address 143 Mammoth Rd Londonderry 03053
(street) (town/city) (zip code)
Office held State Rep County/District Rock/05 Telephone Number 603-490-3226

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
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 DT.

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.

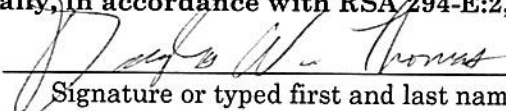
(over)

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.

 12/20/16
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 YVONNE THOMAS
(circle one) (print name)

Address 557 NORWAY BERLIN 03570
(street) (town/city) (zip code)

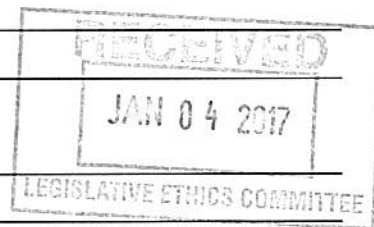
Office held Rep. County/District COOS 3 Telephone Number 752-1816

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 ✓

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.

Gronne Thomas Rep. 1-03-2017
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 Rio H. Tilton
(circle one) (print name)
Address 118 Railroad Ave Seabrook NH 03874
(street) (town/city) (zip code)
Office held State Representative County/District Rockingham 37 Telephone Number 603 944 6064

I. Sources of Income

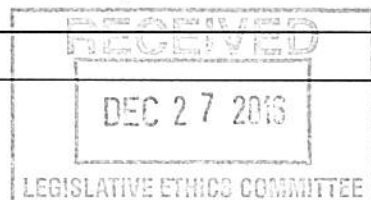
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Professional Firefighters of NH
b) Address of organization 43 Centre St Concord NH 03301
c) Type of organization Professional Labor organization

- 2) a) Name of business, profession, or other organization NH retirement system (Beneficiary)
b) Address of organization Regional Drive
c) Type of organization Concord NH 03301

(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.
Law, Real Estate
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: Real Estate Sales License (self)
- ☐ (e) Banking or financial services
Describe: _____
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: Household member is a 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: Household member is licensed
- ☐ (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.

Rio With
Signature or typed first and last name of Legislator/Officer

12 19 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 Peter Torosian
(circle one) (print name)
Address 18 Pine Knoll Drive, Atkinson, NH 03811
(street) (town/city) (zip code)
Office held State Rep County/District Rockingham Telephone Number (603) 362-5202
#14

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 Marine Patrol
b) Address of organization 31 Dock Rd, Gilford, NH
c) Type of organization Law enforcement of NH Bodies of water.
- 2) a) Name of business, profession, or other organization Derry
b) Address of organization Derry, NH
c) Type of organization Private medical practice

(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.

my wife is a Nurse at Derry Medical Center.

- ☒ (b) Health Care

Describe: my wife is a Nurse at Derry Medical Center.

- ☐ (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 Police, Marine Patrol Division

- ☐ (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: I pay Interest & Dividends TAX on my personal Investments

- ☒ (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

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 _____ Susan Treleaven _____
(circle one) (print name)
Address _____ 454 Sixth St. _____ Dover. NH. 03820 _____
(street) (town/city) (zip code)
Office held _____ Representative _____ County/District _____ Strafford 17 _____ Telephone Number _____ 603-749-2347

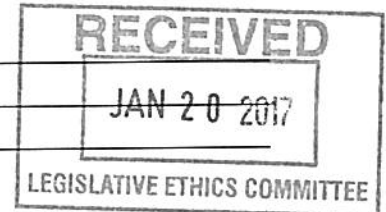
I. Sources of Income

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 _____ Gunstock Area Commission
b) Address of organization _____ 719 Cherry Valley Rd Gifford NH
c) Type of organization _____ Government entity
- 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 **SGST**.

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: _____ Real Estate Broker
- ☐ (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.

Susan G S Treleaven. 01/17/2017

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.

Lambert, Richard

From: Susan Treleaven <susant@susant.com>
Sent: Wednesday, January 18, 2017 1:39 PM
To: Lambert, Richard
Subject: Fwd: financialDisclosureEForm2017.pdf
Attachments: financialDisclosureEForm2017.pdf

Sending, again. Please let me know when you receive. Thanks. Susan T

Susan Treleaven
ASP CRS ePRO GRI SRES
Keller Williams Coastal Realty
750 Lafayette Road Suite 201
Portsmouth NH 02801

SEASIDE TO LAKESIDE!
www.kw.com
www.newenglandcoastalrealty.com

susant.com
susant@susant.com

603-610-8500x543 Office
603-661-6531 Mobile

Please be aware that at our first business meeting I will have disclosures for you required by the State of New Hampshire, The State of Maine and the EPA(for properties built prior to 1978).

----- Forwarded message -----

From: Susan Treleavenpo <susant@susant.com>
Date: 2017-01-17 21:24 GMT-05:00
Subject: Re: financialDisclosureEForm2017.pdf
To: Susan Treleavenpo <susant@susant.com>

Susan Treleaven
ASP CRS ePRO GRI SRES
Keller Williams Coastal Realty
susant@susant.com

750 Lafayette Road Suite 201
Portsmouth NH 03801
[603-610-8500](tel:603-610-8500) O
[603-661-6531](tel:603-661-6531) M

Please be aware that at our first business meeting I will have some forms for you to sign required by the State

of NH and ME, also some information regarding lead paint from the EPA.

> On Jan 17, 2017, at 9:08 PM, Susan Treleavenpo <susant@susant.com> wrote:

>

>

>

> <financialDisclosureEForm2017.pdf>

>

>

>

> Susan Treleaven

> ASP CRS ePRO GRI SRES

> Keller Williams Coastal Realty

> susant@susant.com

>

> 750 Lafayette Road Suite 201

> Portsmouth NH 03801

> [603-610-8500](tel:603-610-8500) O

> [603-661-6531](tel:603-661-6531) M

>

> Please be aware that at our first business meeting I will have some forms for you to sign required by the State of NH and ME, also some information regarding lead paint from the EPA.

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 Tripp (legislator)
(circle one) (print name)

Address 44 Windham Road Derry, NH 03038
(street) (town/city) (zip code)

Office held Representative County/District Rockingham 6 Telephone Number 603.434.4674

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 BAE Systems
b) Address of organization 65 Spitbrook Road, Nashua, NH 03060
c) Type of organization Aerospace Corporation

- 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.

Richard Tripp

Signature or typed first and last name of Legislator/Officer

12-28-16

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.

Lambert, Richard

From: Richard Tripp <tripp@house@gmail.com>
Sent: Wednesday, December 28, 2016 10:33 AM
To: Lambert, Richard
Subject: Financial Disclosure Form - 2017
Attachments: financialDisclosureEForm2017-R Tripp.pdf

Attached is the requested financial disclosure form. Please let me know if there are any issues. Thanks!

Richard Tripp

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 Chris True
(circle one) (print name)
Address 41 Hunt Pond Rd Sandown NH 03873
(street) (town/city) (zip code)
Office held Rep. County/District Rock-4 Telephone Number 887-7793

I. Sources of Income

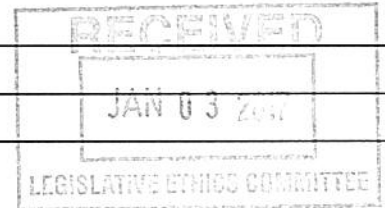
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 V.A. Hospital
b) Address of organization Smyth Rd, Manchester NH
c) Type of organization VA Hospital

- 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.

Chris Turner
Signature or typed first and last name of Legislator/Officer

1-3-17
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 Edith M. TUCKER
(circle one) (print name)
Address 13 Cold Brook Road RAUDOLPH 03593
(street) (town/city) (zip code)
Office held state rep County/District C0055 Telephone Number 466 5425
edith.tucker@ne.rr.com

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 05 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 EMT.

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 (I pay quarterly)
- ☐ (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.

Eileen M. Tucker 1-1-17
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.

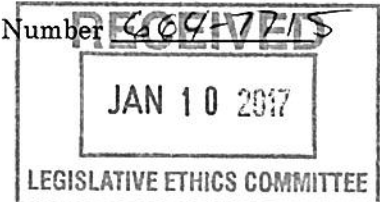
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Len Turcotte
(circle one) (print name)

Address 143 Beauty Hill Rd Barnington 03825
(street) (town/city) (zip code)

Office held STATE REP. County/District STAFFORD 4 Telephone Number 603-725-4097



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 American Airline
b) Address of organization DFW Airport, Texas
c) Type of organization Airline

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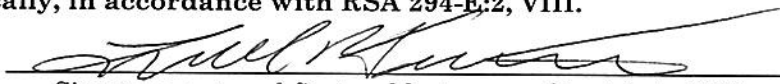
(over)

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: LANDLORD
- ☒ (e) Banking or financial services
Describe: INVESTMENT ADVISOR REPRESENTATIVE
- ☐ (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

12-20-16
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 ALIN J TURCOLE
(circle one) (print name)
Address 3 HIGH RIDGE TRAIL ALLENSTOWN N.H. 03275
(street) (town/city) (zip code)
Office held STATE REP. County/District MERRIMACK 22 Telephone Number 603-485-2349

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 VIN-Retirement System
b) Address of organization CONCORD
c) Type of organization STATE Retirement
- 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: TRANSFER STATION ATTENDANT
- ☒ (g) New Hampshire Retirement System
Describe: GROUP 1
- ☐ (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.

ALAN M. WATSON DEC-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.)

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

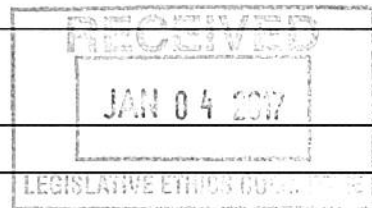
Name of Legislator/Officer Timothy Twombly
(circle one) (print name)
Address 120 East Hobart St Nashua 03060
(street) (town/city) (zip code)
Office held Legislator County/District Hills #34 Telephone Number 603-888-4466
State Rep

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 A E Pension
b) Address of organization Nashua NH
c) Type of organization Defense Contractor
- 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.

929 wong 1/4/2017
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.

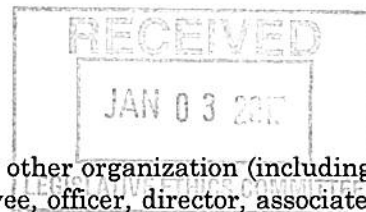
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer JORDAN G. UERY
(circle one) (print name)

Address 37 Webster St. Hudson, NH 03051
(street) (town/city) (zip code)

Office held Representative County/District Hills 37 Telephone Number 882 8979



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 Ulrich Litigation Support
b) Address of organization POB 15 Hudson, NH
c) Type of organization Investigative

- 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.
INVESTIGATOR
- ☐ (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,
- ☐ (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.

Jonathan S. Wilbur 1/3/17
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.

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 KAREN C. UMBERGER
(circle one) (print name)

Address 136 BIRCH BEND PO BOX 186 LEARSARGE 03847
(street) (town/city) (zip code)

Office held REP County/District CARROLL 2 Telephone Number 356-6881

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 _____ | |
| <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 0 auto; width: 150px;">RECEIVED
JAN 04 2017</div> | | | |
| 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 KCU.

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.

David C. Umberger

Signature or typed first and last name of Legislator/Officer

12/19/2016

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 HERBERT R. VADNEY
(circle one) (print name)

Address 10 SLEEPY Hollow MEREDITH 03253
(street) (town/city) (zip code)

Office held REP County/District BELKNAP-2 Telephone Number 603-279-3436

I. Sources of Income

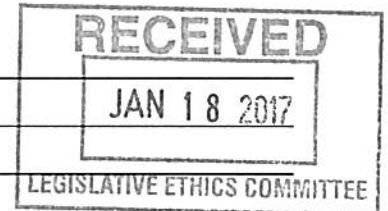
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which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

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 AND RENT A SINGLE FAMILY HOME IN DURHAM
- ☐ (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.

Robert F. Vadney
Signature or typed first and last name of Legislator/Officer

1/15/17
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

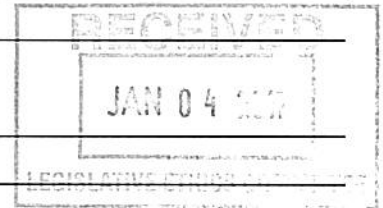
Name of Legislator/Officer STEVE VAILLANCOURT
(circle one) (print name)
Address 16 Faith Lane Manchester 03103
(street) (town/city) (zip code)
Office held State Rep County/District Ally 15 Telephone Number _____

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 X
SV

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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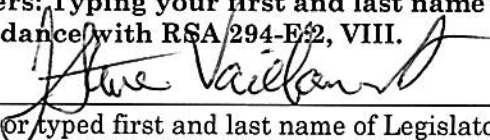
(over)

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

1-4-17
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 John J. Valera
(circle one) (print name)
Address 1321 2nd NW Tpke, Windsor, NH 03244
(street) (town/city) (zip code)
Office held State Rep County/District Hills #38 Telephone Number 603-547-7994

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 Office of Personnel Management
b) Address of organization 1900 E. St, NW Washington, DC 20415-1000
c) Type of organization Federal Retirement, US Postal Service

- 2) a) Name of business, profession, or other organization Genesis HealthCare
b) Address of organization 101 E. State St, Kennel Sq, PA 19348
c) Type of organization Health Care

(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.
Registered Dietitian / Licensed Dietitian
- ☐ (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: Assess 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.

John Valeri
Signature or typed first and last name of Legislator/Officer

12-27-2016
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.

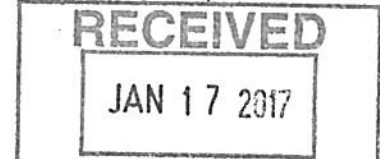
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer Constance Van Houten
(circle one) (print name)

Address 11 Carriage Way, unit 4 Manchester 03102
(street) (town/city) (zip code)

Office held State Rep County/District Hills 45 Telephone Number (603) 622-9701



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 54 Regional Drive, Concord, NH 03301
c) Type of organization retirement - pension as a retired teacher

- 2) a) Name of business, profession, or other organization Landlord
b) Address of organization 292 Taylor St, Manchester, NH 03103
c) Type of organization rental of duplex

(attach additional sheets if necessary)

3. Social Security

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: owner/landlord of a duplex at 292 Taylor St, Manchester

☒ (e) Banking or financial services

Describe: accounts at Citizens Bank, Waddell + Reed, VALIC

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

Describe: representative on Manchester Board of School Committee

☒ (g) New Hampshire Retirement System

Describe: pension as a retired teacher

☐ (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: representative on Manchester Board of School Committee

☐ (o) Water resources

Describe: _____

☐ (p) Agriculture

Describe: _____

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

☒ (r) Other

Describe: possible occasional substitute teacher at English for New Americans

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.

Constance Van Houten

Signature or typed first and last name of Legislator/Officer

January 17, 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

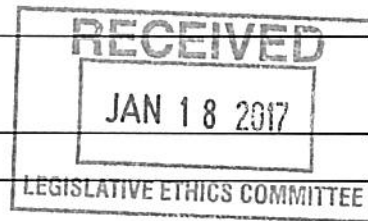
Name of Legislator Ivy Vann
(circle one) (print name)
Address 50 Summer Peterborough 03458
(street) (town/city) (zip code)
Office held Rep County/District Hills/24 Telephone Number 603-533-0357

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 Varicode
b) Address of organization Burlington MA
c) Type of organization Software
- 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 IV.

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: *own a parcel of land intended for development*

☒ (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: *Nursery School 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.

Jayston

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 Peter R. Varney
(circle one) (print name)
Address 129 Main St / P.O. Box 1059 Alton 03809
(street) (town/city) (zip code)
Office held Representative County/District Belknap Dist 5 Telephone Number 603-765-6380

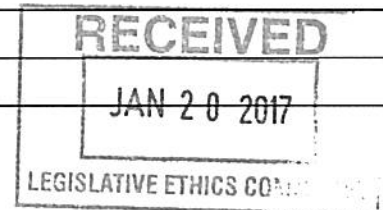
I. Sources of Income

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 Town of New Durham
b) Address of organization 4 Main St., New Durham NH 03855
c) Type of organization Fire Department / Building Inspector / Government
entity
- 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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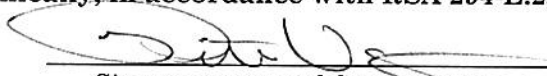
(over)

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.
Electrician
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: _____
- ☐ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☐ (e) Banking or financial services
Describe: Fire Chief, Code Enforcement, Building Inspector
- ☒ (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

1/17/17
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 Kevin Verville
(circle one) (print name)
Address 9 McCarron Road Deerfield 03037
(street) (town/city) (zip code)
Office held Representative County/District Rockingham 2 Telephone Number 603-247-9005

I. Sources of Income

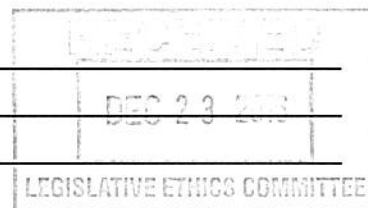
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Summit Packaging Systems, Inc
b) Address of organization 400 Gay Street, Manchester, NH 03108
c) Type of organization Manufacturing

- 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: write is NH Certified Teacher - works PT as a Substitute 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.

Kimberly

Signature or typed first and last name of Legislator/Officer

20 December 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 Kenneth S. Vincent
(circle one) (print name)

Address 19 Vincent Way Somersworth, NH 03878
(street) (town/city) (zip code)

Office held State Rep County/District Stafford/17 Telephone Number 603-396-4120

RECEIVED

JAN 17 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 City of Somersworth Fire Department
b) Address of organization 195 Maple Street, Somersworth, NH 03878
c) Type of organization City Fire Department (Lieutenant/Fire Investigator)

- 2) a) Name of business, profession, or other organization New Hampshire Retirement System
b) Address of organization Concord, NH
c) Type of organization NH Retirement System (Retired from Fire Department 04/01/16)

(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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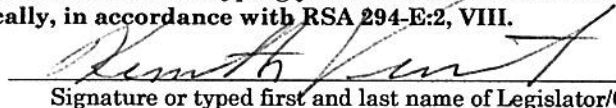
(over)

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.
Hilltop Fireworks - Owner of Retail Fireworks Store
- ☐ (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
Hilltop Fireworks
- ☐ (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.

 1-17-17
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.

2017 FINANCIAL DISCLOSURE FORM
Kenneth S. Vincent

I. Sources of Income (Continued)

- 3) a) Name of business, profession, or other organization Vincent's Painting & Remodeling
b) Address of organization 19 Vincent Way, Somersworth, NH 03878
c) Type of organization Construction Business (Owner-Sole Proprietorship)
- 4) a) Name of business, profession, or other organization Hilltop Fireworks LLC
b) Address of organization 345 Route 108, Somersworth, NH 03878
c) Type of organization Fireworks Retail Store (Partnership-80% Partner)
- 5) a) Name of business, profession, or other organization KLV Properties
b) Address of organization Property at 345 Route 108, Somersworth, NH 03878
c) Type of organization Commercial Property Ownership and Rental
- 6) a) Name of business, profession, or other organization Residential Property Rental
b) Address of organization Property at 34 West High St, Somersworth, NH 03878
c) Type of organization Duplex Property Ownership and Rental
- 7) a) Name of business, profession, or other organization University of New Hampshire
b) Address of organization 22 Colovos Road, Durham, NH 03824
c) Type of organization University (Rhonda Vincent, Interim Director of Finance, Facilities)
- 8) a) Name of business, profession, or other organization Residential Property Rental
b) Address of organization Property at 18 Turgeons Lane, Somersworth, NH 03878
c) Type of organization Singe Family Property Ownership and Rental (Rhonda Vincent)

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 Vose
(circle one) (print name)

Address 75 Olde Bridge Lane Epping 03042
(street) (town/city) (zip code)

Office held State Rep County/District Rockingham 09 Telephone Number 734-4084

I. Sources of Income

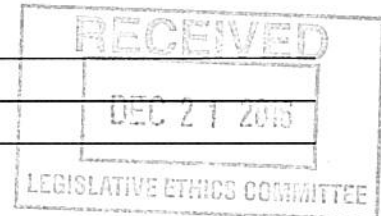
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Wentworth-Douglass Hospital
b) Address of organization Central Avenue, Dover NH
c) Type of organization Hospital

- 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 MV.

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: Employed by Wentworth-Douglas Hospital
- ☐ (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.

Michael Vose

Signature or typed first and last name of Legislator/Officer

12/21/16

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 Janet G. Wall
(circle one) (print name)

Address 9 Kelley Rd. Madbury 03823
(street) (town/city) (zip code)

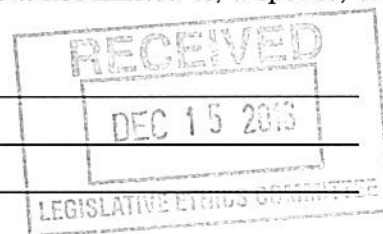
Office held State Rep County/District Staff Telephone Number (603) 749-3051

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 JGW.

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: ☒ 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.

Jane G. Wall 12/15/16
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 SCOTT WALLACE
(circle one) (print name)
Address 34 WYMAN'S LANDING DANVILLE NH 03819
(street) (town/city) (zip code)
Office held STATE REP County/District Rock 33 Telephone Number 603-642-6379

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.

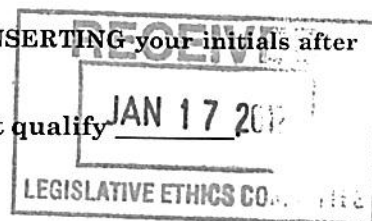
For purposes of this form a "household member" means any person living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parent.

- 1) a) Name of business, profession, or other organization BIRCH TREE AUTO + TIRE REPAIR
b) Address of organization 227 DOW HWY MERRIMACK NH 03054
c) Type of organization AUTO REPAIR SHOP
- 2) a) Name of business, profession, or other organization BRAVEHEART REALTY, INC
b) Address of organization 34 WYMAN'S LNDG DANVILLE NH 03819
c) Type of organization REAL ESTATE HOLDING + PROPERTY MAINT. CO.

(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 M/V INSPECTION + AUTO REPAIR/SALES
- ☐ (b) Health Care
Describe: _____
- ☐ (c) Insurance
Describe: LAND LORD / DEVELOPER / MAINTAINER
- ☒ (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

1-17-17
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.

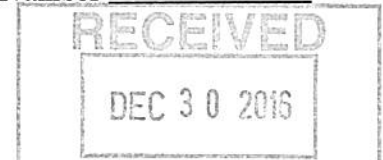
Sources of Income

- 3.) TIRE DEPOT, 227 D.W. HIGHWAY
MERRIMACK, NH 03051
TIRE SALES + SERVICE

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 Wallner
(circle one) (print name)
Address 4 Chestnut Pasture Rd Concord 03301
(street) (town/city) (zip code)
Office held State Rep. County/District Merr. 10 Telephone Number 225-5249



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 Merrimaek Valley Day Care Service
b) Address of organization 19 No. Fruit St Concord, N.H.
c) Type of organization child care agency non profit

- 2) a) Name of business, profession, or other organization AAA
b) Address of organization Fort Eddy Rd Concord, N.H.
c) Type of organization automobile club

(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.

Mary Jane Wall 12-29-16
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 Robert M. Walsh, Jr.
(circle one) (print name)
Address 114 Weston Street Manchester, NH 03104-5263
(street) (town/city) (zip code)
Office held Legislator County/District Hillsborough Telephone Number 603-612-1023
#11

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
DEC 22 2015
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 RM.

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.

Robert Walsh 12/20/16
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.

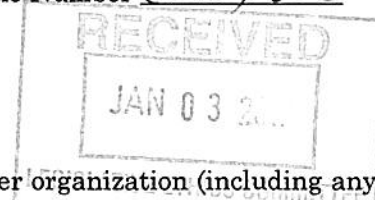
2017 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator/Officer THOMAS C. WALSH IV
(circle one) (print name)

Address 15 BERRY HILL RD. HOOKESETT 03106
(street) (town/city) (zip code)

Office held REP County/District MER-24 Telephone Number (603) 623-4104



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 TCW CONSTRUCTION LLC
b) Address of organization 15 BERRY HILL RD, HOOKESETT, N.H. 03106
c) Type of organization CONSTRUCTION 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)

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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: ☐ 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.

Shawn Curiale 1-3-17
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

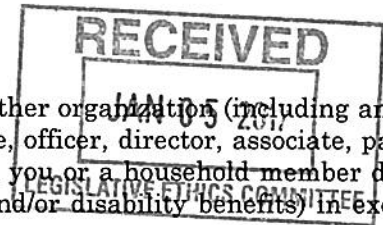
Name of Legislator/Officer Mary Beth Walz
(circle one) (print name)

Address 25 Stock Drive Bow 03304
(street) (town/city) (zip code)

Office held Representative County/District Merrimack 23 Telephone Number 225-1868

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 Action Group
b) Address of organization 244 N. Main Street Concord 03301
c) Type of organization Consulting

- 2) a) Name of business, profession, or other organization Judd Associates
b) Address of organization 244 N. Main St Concord 03301
c) Type of organization Law

(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: Taxpayer of Trust Funds
- ☐ (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: Licensed in N.H.
- ☐ (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.

Mary O'Halloran 1/5/17
Signature or typed first and last name of Legislator/Officer Date

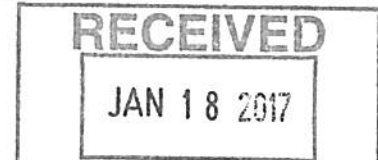
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed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

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

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 GERALD W R WARD
(circle one) (print name)
Address 16 NIXON PARK PORTSMOUTH 03801
(street) (town/city) (zip code)
Office held Rep County/District Rock 28 Telephone Number 603 828 8502



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 Portsmouth Historical Society
b) Address of organization 10 Middle St Portsmouth NH
c) Type of organization Museum

- 2) a) Name of business, profession, or other organization Moffatt-Ladd House
b) Address of organization 154 Market St Portsmouth
c) Type of organization historic house museum

(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.

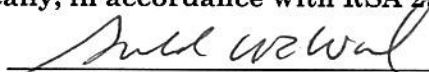
(over)

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

1/18/2017

Date

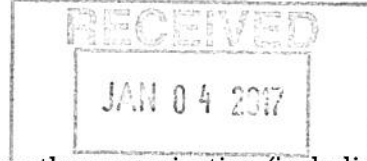
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed 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 Tim Webb
(circle one) (print name)
Address 6 Independence Ave Derry NH 03038
(street) (town/city) (zip code)
Office held Representative County/District Rockingham 6 Telephone Number 603-845-3454



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 Teamsters 683 Pension
b) Address of organization Gofftown Back Road
c) Type of organization union, Anheuser-Busch

- 2) a) Name of business, profession, or other organization MWRA
b) Address of organization Griffin Ave Chelsea Ma
c) Type of organization Water 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 ju.

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: Anheuser Busch Retired
- ☐ (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: wife mWRA mass water resource Authority
- ☐ (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 C. White Sr.

Signature or typed first and last name of Legislator/Officer

1-4-17
Date

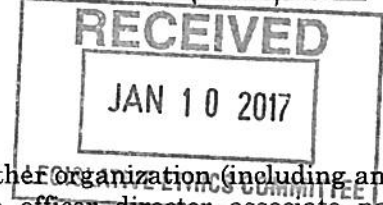
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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

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 Lucy Walker
(circle one) (print name)
Address 217 Old Keene Road Walpole 03608
(street) (town/city) (zip code)
Office held State Rep County/District Cheshire 01 Telephone Number 786-4338



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 LMW.

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.

Lucy McVittie Weber

Signature or typed first and last name of Legislator/Officer

10 January 2017
Date

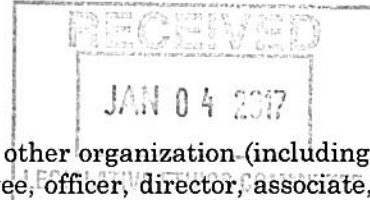
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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

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 David Welch
(circle one) (print name)
Address 9 Fifth Street, Kingston 03848-0570
(street) (town/city) (zip code)
Office held Representative County/District Rock 13 Telephone Number 603-642-4402



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 Nokia
b) Address of organization 200 S Mathilda Ave, Sunnyvale CA 94086
c) Type of organization 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.

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.

David Welch

Signature or typed first and last name of Legislator/Officer

12/24/2016
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

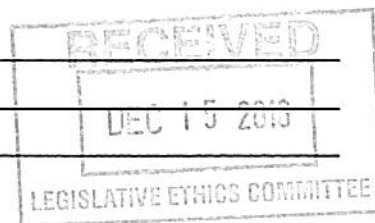
Name of Legislator/Officer NATALIE J WELLS
(circle one) (print name)
Address 125 COLLINS STREET WARREN 03278
(street) (town/city) (zip code)
Office held State Rep. County/District 25 Telephone Number 603-456-2873

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 NJW.

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 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

☐ (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.

Natalie J Wells

Signature or typed first and last name of Legislator/Officer

12/15/16
Date

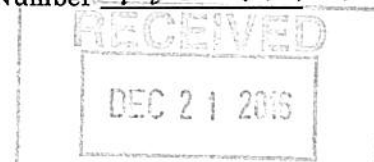
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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

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) Kenneth L. Weyler
(circle one) (print name)
Address 23 Scotland Rd Kingston 03848
(street) (town/city) (zip code)
Office held State Rep. County/District Rock. 13 Telephone Number 778-5225



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 American Airlines
b) Address of organization DFW Airport TX
c) Type of organization Airline

- 2) a) Name of business, profession, or other organization U.S. Air Force Reserve
b) Address of organization Deerfield CO
c) Type of organization military retirement office

(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 KLW

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.
My son has a plumbers 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: ☒ 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.

Kenneth L. Meyer 12/20/16
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 Andrew A. White
(circle one) (print name)
Address 18 Garnet St Lebanon 03766
(street) (town/city) (zip code)
Office held State Rep. County/District Grafton 13 Telephone Number 448-2977

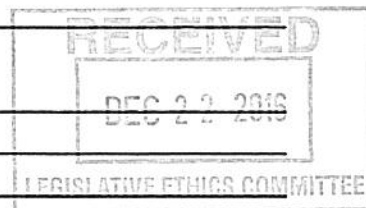
I. Sources of Income

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 See Attached
b) Address of organization _____
c) Type of organization _____
- 2) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization _____

(attach additional sheets if necessary)



If you or a 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)

**2017 Financial Disclosure
SUPPLEMENT**

Andrew A White

Sources of Income

- 1 City of Lebanon
51 North Park Street Lebanon, NH 03766
Municipality**
- 2 Town of Grantham
300 Route 10 South Grantham, NH 03753
Municipality**
- 3 Alice Peck Day Memorial Hospital
10 Alice Peck Day Drive Lebanon, NH 03766
Critical Access Hospital**

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.
Fire Fighter, Paramedic, Fire + EMS Instructor
- ☒ (b) Health Care
Describe: Per-diem Paramedic at NH Critical Access Hospital
- ☐ (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 Self Wife
Describe: Part-time State Fire Instructor / City of Lebanon / Town of Grantham
- ☒ (g) New Hampshire Retirement System
Describe: Self and Wife are contributing members.
- ☐ (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 P. Smith
Signature or typed first and last name of Legislator/Officer

12/22/2016
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 Kermit Williams
(circle one) (print name)
Address 55 Burny Hill Road Wilton 03086
(street) (town/city) (zip code)
Office held representative County/District Hillsborough 4 Telephone Number 603-654-7684

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 Etrade Financial
b) Address of organization PO Box 484 Jersey City, NJ 07303-0484
c) Type of organization broker

- 2) a) Name of business, profession, or other organization Vanguard Financial
b) Address of organization PO Box 1110 Valley Forge, PA 19482-1110
c) Type of organization investment manager

(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.

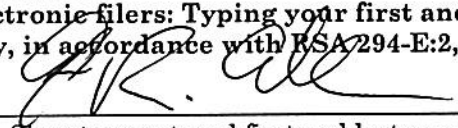
(over)

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

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 Brenda Willis
(circle one) (print name)

Address 24 Maxwell Dr Derry NH 03038
(street) (town/city) (zip code)

Office held State Rep County/District Rockingham 6 Telephone Number 603-738-8796

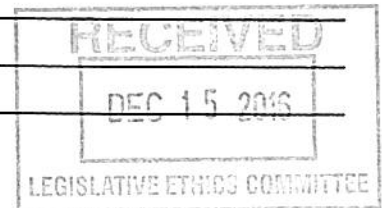
I. Sources of Income

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 parent teacher associate
b) Address of organization 24 Maxwell Dr - Derry, NH 03038
c) Type of organization PTA is an association composed of parents, teachers, students and staff to facilitate parental participation in a school and the educational success of children and promotion of family engagement
- 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: NHPTA (parent teacher association), Derry School Board Assoc

☐ (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.

Robert Willis

Signature or typed first and last name of Legislator/Officer

12/15/16

Date

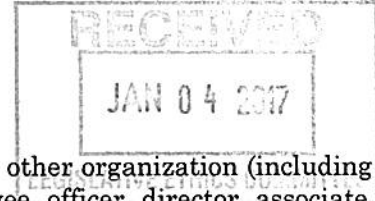
RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed 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 Steven J. Wojtkun
(circle one) (print name)
Address 85 FARVE DR Danville 03819
(street) (town/city) (zip code)
Office held Rep County/District Rock 12 Telephone Number 642-5154



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 Concord NH
c) Type of organization Retirement

- 2) a) Name of business, profession, or other organization Town of Danville
b) Address of organization 210 Main St
c) Type of organization Fire Dept

(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.

Wolfeboro Fire & Safety

- ☐ (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: Town of Danville Fire Chief

- ☒ (g) New Hampshire Retirement System

Describe: Retired FF

- ☐ (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.

Steven J. Wadsworth
Signature or typed first and last name of Legislator/Officer

17-22-16
Date

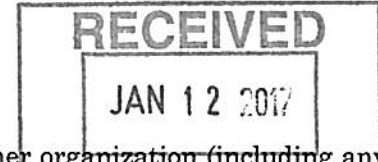
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Complete and return to: Legislative Ethics Committee, State House Room 112, by January 20, 2017.

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 Daniel "Dan" Wolf
(circle one) (print name)
Address 10 Box 88 Newbury 03255
(street) (town/city) (zip code)
Office held Representative County/District Merrimack 5 Telephone Number 603 763-5176



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 Hodan Properties Inc.
b) Address of organization POB 177 New London NH 03257
c) Type of organization Real estate management
- 2) a) Name of business, profession, or other organization Seytherille Properties LLC
b) Address of organization Real Estate
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.

Real Estate Broker

- ☐ (b) Health Care

Describe: _____

- ☐ (c) Insurance

Describe: _____

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

Describe: *Broker developer*

- ☐ (e) Banking or financial services

Describe: _____

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

Describe: *Newbury firefighter, Trustee of Trust funds*

- ☐ (g) New Hampshire Retirement System

Describe: _____

- ☒ (h) Current use land assessment program

Describe: *land in current use*

- ☒ (i) Restaurants and lodging

Describe: *New London Hospitality Holdings*

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

Describe: *see above*

- ☐ (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: *small farm*

- ☐ (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.

Daniel H. Wolf
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.

1105B LLC, 105 North Washington Street, Boston, MA 02114

Scytheville Row Associates, LLC, P.O. Box 177, New London, NH 03257

New London Hospitality Holdings, LLC, P.O. Box 177, New London, NH 03257

Bead II, LLC, P.O. Box 177, New London, NH 03257

Moonstone Investments, Inc., P.O. Box 177, New London, NH 03257

North Washington Street Realty Ventures LLC, P.O. Box 177, New London, NH 03257

Hodan Properties, Inc., P.O. Box 177, New London, NH 03257

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 Terry Wolf
(circle one) (print name)

Address 61 Bracken Circle Bedford 03110
(street) (town/city) (zip code)

Office held State Representati County/District Hillsborough 7 Telephone Number (603) 471-0240

I. Sources of Income

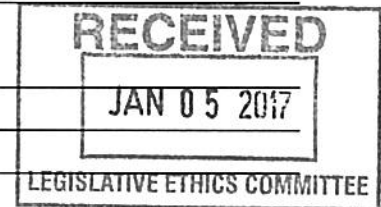
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which 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 Oracle Corporation
b) Address of organization 500 Oracle Parkway Redwood Shores, CA 94065
c) Type of organization _____

- 2) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization Technology 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.

Terry Wolf

Signature or typed first and last name of Legislator/Officer

January 5, 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: Terry Wolf <terrywolfnh@gmail.com>
Sent: Thursday, January 05, 2017 12:48 PM
To: Lambert, Richard
Subject: Fwd: Financial Disclosure Form
Attachments: 2017 Financial Disclosure Form - Terry Wolf.pdf

Please let me know that you got this

----- Forwarded message -----

From: "Terry Wolf" <terrywolfnh@gmail.com>
Date: Jan 5, 2017 8:54 AM
Subject: Financial Disclosure Form
To: "Terry Wolf" <terrywolfnh@gmail.com>, "Terry Wolf" <terry.wolf@leg.state.nh.us>
Cc:

Representative Terry Wolf
Vice Chair, House Education Committee
Assistant Majority Whip
Hillsborough 7 Bedford
(603) 714-4809

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 S. Woolpert
(circle one) (print name)
Address 33 Goff Hill Road, Henniker NH 03242
(street) (town/city) (zip code)
Office held State Rep. County/District Monroe 6 Telephone Number (603) 848-3490

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.

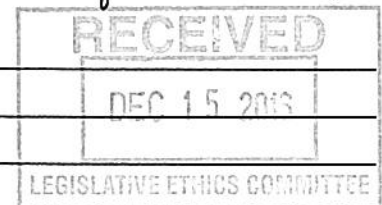
- 1) a) Name of business, profession, or other organization Altus Investment Group LLC
b) Address of organization 3 N. Spring St., Suite 200, Concord, NH 03301
c) Type of organization Investment Management and financial planning

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.
Investment Advisor
- ☒ (b) Health Care
Describe: Long Term Care Insurance
- ☒ (c) Insurance
Describe: Variable & Fixed Annuities
- ☒ (d) Real estate, including brokers, agents, developers, and landlords
Describe: _____
- ☒ (e) Banking or financial services
Describe: Financial planning, brokerage services
- ☐ (f) State of New Hampshire, county, or municipal employment
Describe: _____
- ☒ (g) New Hampshire Retirement System
Describe: Wife's Teacher pension from NHRS
- ☒ (h) Current use land assessment program
Describe: Home on land with 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 three forms
- ☐ (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.

David L. Goff
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 Kurt Wuelper
(circle one) (print name)

Address 1336 Parker Mtn Rd Strafford, NH 03884
(street) (town/city) (zip code)

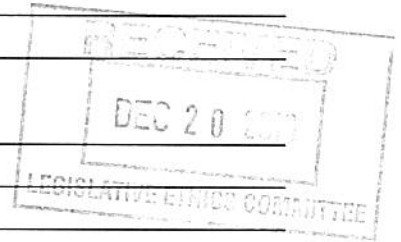
Office held State Rep County/District Strafford 3 Telephone Number 603-664-2927

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 KW.

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.

Kurt Wuelper

Signature or typed first and last name of Legislator/Officer

12-20-2016

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 Nick Zarkki
(circle one) (print name)
Address 11 Hoyt Rd Goffstown 03045
(street) (town/city) (zip code)
Office held State Rep County/District Hills 6 Telephone Number 497-3029

RECEIVED

JAN 26 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 Same Day Computer
b) Address of organization 369 Islington Portsmouth NH
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.

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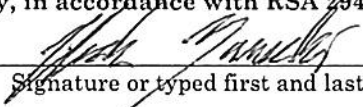
(over)

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 264-E:2, VIII.


Signature or typed first and last name of Legislator/Officer

1/26/17
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.