

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

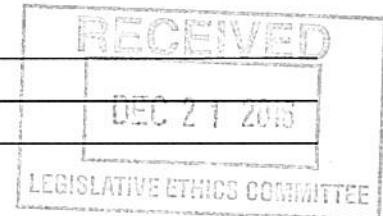
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which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