

2016 FINANCIAL DISCLOSURE FORM
FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE
GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator Officer Charles W. Morse
(print name)
Address 18 Briar Hollow Drive Salem, NH 03079
(street) (town/city) (zip code)
Office held Senate County/District 22 Telephone Number 271-8472

COPY

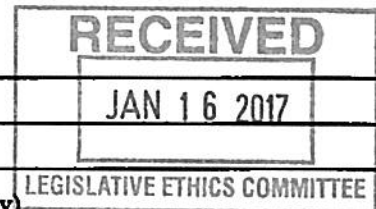
I. Sources of Income

Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a family member served as an employee, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, and from which you or a family 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 "family member" means any person related to you and living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parents.

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

(attach additional sheets if necessary)



If you or a family member had no qualifying income, indicate by inserting your initials after the following statement.

My or my family member's income does not qualify _____.

II. Disclosure of Financial Interests

Identify and describe below any reportable financial interest you or a family member may have. You have a reportable financial interest in a business, profession, occupation, group or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public.

Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form regarding that activity in accordance with section 5 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a family member than other members of a group identified in this form, a Declaration of Intent Form would be required. See section 5 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

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

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

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

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.

Ch. W.

Signature or typed first and last name of Legislator/Officer

1-5-16

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 15, 2016.

Sources of Income

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

Lambert, Richard

From: Girard, Shannon
Sent: Monday, January 16, 2017 4:01 PM
To: Lambert, Richard
Subject: Senator Morse for the Financial Disclosure Form
Attachments: Sen. President Morse Financial Disclosure January 2017.pdf

Rich,

Attached is the filing for Senator Morse for the Financial Disclosure Form. The hard copy has been mailed through inter office. You should be getting that Tuesday, Jan. 17th

Thank you
Shannon

Shannon Girard
Office of the Senate President
Senator Chuck Morse

N.H Senate
107 N. Main Street
Room 302
Concord, N.H. 03301
(603) 271-8472
shannon.girard@leg.state.nh.us

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

As prescribed by RSA 14-B:8

Name of Legislator/Officer Charles W. Morse
(circle one) (print name)

Address 18 Brookhollow Drive Salem NH 03079
(street) (town/city) (zip code)

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

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)

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

Signature or typed first and last name of Legislator/Officer

1-11-17

Date

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

Sources of Income

Company Name	Address	Established	Business Type
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FWF Leasing, LLC	1 Kip Cam Road, Atkinson, NH 03811	Apr 2010	Equipment Leasing
C&C Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
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