

New Hampshire General Court
House/Senate Clerk's Office
DECLARATION OF INTENT

Legislators are required to file this form whenever:

- 1) A legislator or a legislator's household member has a **financial interest** that could reasonably be expected to have a greater financial impact (either beneficial or detrimental) on a legislator or a legislator's household member than would accrue to any other member of the business, profession, occupation, or other group which the legislator listed in the Financial Disclosure Form; or
- 2) A legislator or a legislator's household member has a **non-financial personal interest** distinct from and greater than the public at large in the outcome of a matter that is the subject of official activity not disclosed by the legislator in the General Disclosure of Non-Financial Personal Interests Form.

Name of Legislator: Rep Daniel C. Itse Date Filed: 5/18/17
District/County: Rock 10
Bill or other issue creating conflict of interest: # ~~SB 229~~

Subject matter of the bill or issue: Renewable Energy Credits

☒ **WILL NOT PARTICIPATE**

I will not participate in action on the above-mentioned bill or issue.

☐ **WILL PARTICIPATE**

I will participate in action on the above-mentioned bill or issue.

Description of Conflict of Interest

Identify and describe below the conflict of interest you or a household member may have with this bill or issue. A household member is any person living in the same domicile as you who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parent.

This bill or issue creates a: ☒ **financial interest** ☐ **non-financial personal interest**

Nature of effect on legislator, household member, public body, or organization: East West
Renewable Power is a customer

Additional information: _____

Signature: Daniel C. Itse

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Name of Legislator: Rep David Itse Date Filed: 5/18/17
District/County: Rock 10
Bill or other issue creating conflict of interest: HB629

Subject matter of the bill or issue: Additional Funding of Medicaid

☒ **WILL NOT PARTICIPATE**

I will not participate in action on the above-mentioned bill or issue.

☐ **WILL PARTICIPATE**

I will participate in action on the above-mentioned bill or issue.

Description of Conflict of Interest

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This bill or issue creates a: ☐ financial interest ☒ non-financial personal interest

Nature of effect on legislator, household member, public body, or organization: Medicaid is working to deny Jarrad coverage and disputing our Management of the Trust as approved by the Probate Court

Additional information: _____

Signature: David E. Itse