

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 **personal interest** in the outcome of a matter that is the subject of official activity, distinct from and greater than the interests of the public at large. A "personal interest" exists where a legislator or a legislator's household member could otherwise be affected by the outcome of such activity, or when a legislator or a legislator's household member has a responsibility for the welfare of an organization and where that welfare could be affected by the outcome of such activity.

Name of Legislator: Claire Rouillard Date Filed: 4-4-17

District/County: Hills 6

Bill or other issue creating conflict of interest: H B 2

Subject matter of the bill or issue: Retiree State Pension/Medical Expense

☐ **WILL NOT PARTICIPATE**

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

Nature of effect on Legislator or household member: \_\_\_\_\_

Signature: \_\_\_\_\_

☒ **WILL PARTICIPATE**

I intend to participate in action on the above-mentioned bill or issue and am providing the following additional information:

**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** ☐ **personal interest**

Nature of effect on Legislator or household member: Spouse NH Retiree -  
medical coverage premium for select retirees.  
w/ DOB prior to 1-1-1949.

Nature of relationship between Legislator and any affected household member: spouse

Public or private entities affected: \_\_\_\_\_

Nature of relationship between Legislator or household member and any affected person or entity: \_\_\_\_\_

Additional information:

Signature: Clare R. J.

**Please note:** This declaration shall be publicly announced prior to any participation by the legislator in the official activity and the Declaration of Intent form shall be filed with the clerk of the member's respective body prior to the time of the official activity and be made available for public inspection during normal business hours.