

2018 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 Martina Fuller Clark
(print name)

Address 152 Middle Street Portsmouth 03801
(street) (town/city) (zip code)

Office held Senator County/District 21 Telephone Number cell 603-498-6936
Sen. Ric 603. 271-2709

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, member, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household member derived any income in excess of \$10,000 during the preceding calendar year. Sources of retirement benefits from any business, professional, or other organization must be included. Social Security, federal retirement and/or federal disability benefits do not need to be included.

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.

☒ Legislator ☐ Household Member

- 1) a) Name of business, profession, or other organization Brantrice Laboratories
b) Address of organization 60 Columbian St. West, Braintrice,
c) Type of organization pharmaceutical company MA 02184

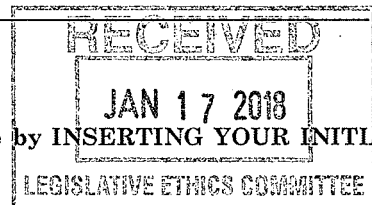
☐ Legislator ☒ Household Member

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

(continue on page 3 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:

Legis- lator	Household Member	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(b) Health Care Describe: <u>own share in company registered in Massachusetts</u>
<input type="checkbox"/>	<input type="checkbox"/>	(c) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	(d) Real estate, including brokers, agents, developers, and landlords
<input type="checkbox"/>	<input type="checkbox"/>	(e) Banking or financial services
<input type="checkbox"/>	<input type="checkbox"/>	(f) State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	<input type="checkbox"/>	(g) New Hampshire Retirement System
<input type="checkbox"/>	<input type="checkbox"/>	(h) Current use land assessment program
<input type="checkbox"/>	<input type="checkbox"/>	(i) Restaurants and lodging
<input type="checkbox"/>	<input type="checkbox"/>	(j) The sale and distribution of alcoholic beverages
<input type="checkbox"/>	<input type="checkbox"/>	(k) Practice of law
<input type="checkbox"/>	<input type="checkbox"/>	(l) Any business regulated by the Public Utilities Commission
<input type="checkbox"/>	<input type="checkbox"/>	(m) Legal forms of gambling or charitable gaming
<input type="checkbox"/>	<input type="checkbox"/>	(n) Education
<input type="checkbox"/>	<input type="checkbox"/>	(o) Water resources
<input type="checkbox"/>	<input type="checkbox"/>	(p) Agriculture
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(q) New Hampshire taxes: <u>We pay all taxes</u> <input checked="" type="checkbox"/> Business Profits Tax, <input checked="" type="checkbox"/> Business Enterprise Tax, <input checked="" type="checkbox"/> Interest and Dividends Tax
<input type="checkbox"/>	<input type="checkbox"/>	(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.

Martina Fuller Clark 01/17/18
 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 19, 2018