

**2019 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 Gary S. Hopper  
(print name)

Address 107 Buxton School Rd. Weave  
(street) (town/city) (zip code)

Office held Rep. County/District Hills Telephone Number 529-7728



**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 \_\_\_\_\_  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_

☐ Legislator ☒ Household Member

- 2) a) Name of business, profession, or other organization Memorials High School  
b) Address of organization Marcher Jr  
c) Type of organization School

(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)

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

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.

Signature or typed first and last name of Legislator/Officer

Date \_\_\_\_\_

*Complete and return to: Legislative Ethics Committee, State House Room 112, by January 18, 2019*