

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 JONATHAN MORGAN
(print name)
Address 267 SOUTH RD BRENTWOOD, 03833
(street) (town/city) (zip code)
Office held STATE SENATE County/District 23 Telephone Number 857-284-2009

RECEIVED

JAN 03 2019

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 AREA 1 SECURITY
b) Address of organization 142 STAMBAUGH ST, REDWOOD CITY CA 94065
c) Type of organization CYBERSECURITY

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- 2) a) Name of business, profession, or other organization CONVENIENT MD
b) Address of organization 111 NEW HAMPSHIRE AVE STE 2, PORTSMOUTH 03801
c) Type of organization MEDICAL

(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- Household
lator Member

☐ ☒ (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire.

☐ ☒ (b) Health Care

Describe:

Physician Assistant (my wife)

☒ ☒ (c) Insurance

Describe:

We are insurance policy holders - Home, Auto, Life, Umbrella

☒ ☒ (d) Real estate, including brokers, agents, developers, and landlords

Describe:

We are property owners (primary residence)

☒ ☒ (e) Banking or financial services

Describe:

We have bank accounts (checking/savings) multiple brokerage accounts and Ameriprise.

☐ ☐ (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:

☐ ☐ (q) New Hampshire taxes: ☐ Business Profits Tax, ☐ Business Enterprise Tax, ☐ Interest and Dividends Tax

☒ ☒ (r) Other

Describe:

We have solar panels on our home

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.

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 18, 2019

☐ Legislator ☒ Household Member

- 3) a) Name of business, profession, or other organization PORTSMOUTH HOSPITAL
 b) Address of organization 333 BORTHWICK AVE, PORTSMOUTH, OH 43801
 c) Type of organization HOSPITAL

☐ Legislator ☐ Household Member

- 4) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

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- 5) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

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- 6) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

☐ Legislator ☐ Household Member

- 7) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

☐ Legislator ☐ Household Member

- 8) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

☐ Legislator ☐ Household Member

- 9) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

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- 10) a) Name of business, profession, or other organization _____
 b) Address of organization _____
 c) Type of organization _____

Additional Information: _____

