

**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 Charles W. Morse  
(print name)

Address 18 Brook hollow Drive, Salem NH 03079  
(street) (town/city) (zip code)

Office held Senate County/District Rockingham Telephone Number 271-3207  
Republican Minority Leader District 22

### 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 See attached  
b) Address of organization \_\_\_\_\_  
c) Type of organization \_\_\_\_\_

☐ Legislator ☐ Household Member

- 2) a) Name of business, profession, or other organization \_\_\_\_\_  
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 checked="" type="checkbox"/>	<input type="checkbox"/>	(a) Any profession, occupation, or business licensed or certified by the State of New Hampshire. <u>See attached</u>
<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: <u>See attached</u>
<input checked="" 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 type="checkbox"/>	(n) Education Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	(o) Water resources Describe: <u>See attached</u>
<input checked="" 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 <u>See attached</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(r) Other Describe: _____

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.

Charles W. Moore 1-4-19  
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**

# Sources of Income

Company Name	Address	Established	Business Type
Freshwater Farms, Inc.	1 Kip Cam Road, Atkinson, NH 03811	Feb 1988	Nursery & Garden Center
Freshwater Farms Management Services, LLC	1 Kip Cam Road, Atkinson, NH 03811	Sept 2009	Landscaping and Maintenance
FWF Leasing, LLC	1 Kip Cam Road, Atkinson, NH 03811	Apr 2010	Equipment Leasing
C&C Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
C&M Realty Trust	1 Kip Cam Road, Atkinson, NH 03811		Real Estate Trust
Granite Creek Farms, LLC	316 South Road, Rte 125, Brentwood, NH 03853	2/13/2007	Nursery & Garden Center
Emma Brentwood Realty, LLC	18 Brookhollow Drive, Salem, NH 03079	9/28/2006	Real Estate LLC