

**2020 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 DAVID H. WATTERS  
(print name)  
Address 19 MAPLE ST DOVER NH 03820  
(street) (town/city) (zip code)  
Office held Senator County/District 4 Telephone Number 603-969-9224

**RECEIVED**

JAN 14 2020

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

☐ Legislator ☒ Household Member  
2) a) Name of business, profession, or other organization Retired  
b) Address of organization State Retirement System of Massachusetts  
c) Type of organization MASSACHUSETTS STATE BOARD OF  
Retirement Board (continue on page 3 if necessary) Retirement Pension Plan  
MASSACHUSETTS STATE RETIREMENT BOARD  
1 Winter St., 8th Fl. Boston, MA 02108

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:

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(q) New Hampshire taxes: <input checked="" type="checkbox"/> Interest and Dividends Tax, <input type="checkbox"/> Business Profits Tax, <input type="checkbox"/> Business Enterprise Tax,
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(r) Other Describe: <u>Board member, Black Heritage Trail of New Hampshire</u>

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.

Dan H. Lattin 1/14/20  
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 17, 2020**