

2020 Financial Disclosure Form
For State Senators, State Representatives, and Officers of the General Court
As Prescribed by RSA 14-B:8

Senator Tom Sherman (District 24)
296 Harbor Road
Rye, NH 03870
Phone Number: 603.379.2248

I. Sources of Income

Below are the name, address, and type of any business, profession, or other organization (including any unit of government) in which Senator Sherman 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 Senator Sherman 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.

Senator Sherman: *Cove Gastroenterology 5 Alumni Dr. Suite 201
Exeter NH 03833 Type: Medical Practice*

Household Member:

a) Name of business, profession, or other organization: **Northeast Dermatology**
Address of organization: **155 Borthwick Ave Suite 201, Medical Practice, NH 03801**

Type of Business: ~~Portsmouth~~ *Medical practice*

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.

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:

Senator Sherman:

- Any profession, occupation, or Business licensed or certified by the State of New Hampshire.
Physician

Household Member

- Any profession, occupation, or Business licensed or certified by the State of New Hampshire.
Physician

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.

Tom Sherman 1/14/2020

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.)