

2025-2026 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 _____
(Print name)

Address _____
(street) (town/city) (zip code)

Office held _____ County/District _____ Telephone Number _____

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 _____
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. For the purposes of this form, 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. If such activity could reasonably have a 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. Furthermore, if such activity requires recusal as provided in section 6-a of the Ethics Guidelines, a Declaration of Intent Form is required. See sections 6 and 6-a of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(TURN OVER TO CONTINUE)

Legislator Household Member
3) a) Name of business, profession, or other organization _____
b) Address of organization _____
c) Type of organization _____

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

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

Legislator Household Member
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 _____

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

Additional Information: _____

