

UNITED STATES HOUSE OF REPRESENTATIVES For New Mem	FORM B For New Members, Candidates, and New Employees	Page 1 of 12
Name:ANDY SANGOKN Daytime Telephone:	lephone:	U.S. 15 FS 1: 25
New Member of or Candidate for State: NH U.S. House of Representatives District: C (Candidates – Date of Election: Nov. 6 2018	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	ble): Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	JESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Peporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No No Nability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ION - ANSWER <u>BOTH</u> OF THESE	E QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	ain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🗌 No 🗾
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	s of a spouse or dependent child because they med	et all three tests for Yes 🔲 No 📝

CHEDULE A – ASSETS	CHEDULE A – ASSETS & "UNEARNED INCOME"	Name: AN	ANDY SANKORY P	Page 2 of 13
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
Assets and/or income Sources	Value of Asset	Type of Income	Amount of Income	
thy (a) each easet hald for investment or luction of income and with a fair market value seding \$1,000 at the end of the reporting period, (b) any other reportable asset or source of income h generated more than \$200 in "unearned" me during the year. The during the year. The complete names of stocks and mutual funds not use only ticker symbols).	thy (a) each easet held for investment or indicate value of asset at dose of the reporting period. If you Check all columns that sprity. For eccounts function of income and with a fair market value use a valuation method other than fair market value, please (that generate tax-deferred income (such as soling \$1,000 at the end of the reporting period, lapsedly the method used. (b) any other reportable asset or source of throunds if an asset was sold during the reporting period and is interest, and capital gaine, even if included only because it generated income, the value should retain the disclosed as income the during the year. Thore is the capital gaine, even if the same of shocks and mutual tunds "Column M is for assets held by your spouse or dependent" None" if the asset generated no income not use only ticker symbols).	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Cheferred" column. Dividerable, interest, and capital gains, even if retirrested, must be disclosed as income for assets held in transite accounts. Check "None" if the asset generated no income during the reporting period.	thy (a) each asset hald for investment or indicate value of asset at dose of the reporting period. If you Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other budgets (1),000 at the end of the reporting period, lapedity the method used. (b) any other reportable asset to resurce of the reporting period, lapedity the method used. (b) any other reportable asset to resurce of the reporting period and is interest, and column. Dividents, Included only because it generated income, the value should and is interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Dividents Check "None" that is for assets held in which you have no interest. The complete names of shocks and mutual funds "Column M is for assets held by your spouse or dependent "None" if the asset generated no income during the reporting period.	theck the "Nore" column. For all other ox below. Dividends, interest, and ox easens held in taxeble accounts. ich you have no interest.
all IRAe and other retirement plans (such as (k) plans) provide the value for each asset held in account that exceeds the reporting thresholds.			man Von	
wark and other cash ecounts, total the amount in A nuterest-bearing accounts. If the total is over 100 list every financial institution where there is	> 65 C C C T T T T T T T T T T T T T T T T		Current Year	Preceding Year X X X X

The Keyean Elect	FORD	TO DALWER AC	THE BOWNIE	5 + ARMOWHEND PHARM		Examples	SW, EFF DC, Mega Corp Stock	The account may exceeds the reporting intersections. For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other read property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership inherest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income defined from, a federal reterment program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF box. If you so choose, you may include that an excepted investment child (DC), or jointy held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset hald for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

Name: ANDY SANFORM	
Page 0 of 13	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

			Amount
Source (include date of receipt for nonoraria)	iype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000
Cred War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Salary	N/A	N/A
STATE OF MIT	Militaria	2,200	6,600
		-	
STATE OF NH	SPOULE	X/A	N/A
THE DRAFT, LLC	Spoke -	м/ А	۸/A
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Name: ANDOR Page 2 <u>`</u>9 13

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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	Saviuse Bankof Waloote		BAYK OF NOW HAMPShire	LAUTITUTION FOR LAUTYSS	First Benk of Wilmington, DE	Creditor		
,	1/96	6/05	5/2000	2016	5/98	Date Liability Incurred MO/YR		
	Mortage on Property	Morrage of Property	Marigage on Property	Murijage on Property	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000	-	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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C##	Wells Farso	AMERIC	There	TD BANK	Example		<u> </u>	
CHASE INC - WORK	-Arso	American Express Work	EASTERN BANK	PAKK	First Bank of Wilmington, DE	Creditor		
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TILR Crepit CARD X	COMT CARD K	CUBAT CAMAD X	Martisage on Prayary	MOSTGES CON PROPERTY	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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Position	Name of Organization

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	Name: ANDY SAMEJEN
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. What the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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	MACO INSMITTALISME	Craft Com	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

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Position		Name of Organization
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STATE SEVATOR	NH SENATE	- ScHC
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Member 100 %	Is Guing, LLC	- ScHA
Member 100 %	Harville, LLC	- Set果

Name: ANDY SAMBORN Page 12 of 13

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and isabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP. DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
·			Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Member 100%	THE DOMET, LLC SIHA
Member 100%	THE BEST REVENGE LLC SCHA
Members 100%	DAGAN WOTOGRAS, LLC SCHA
BOARD MCMBER	SOUTH MAIN ST COURD ASSOC. NO COMP

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SCHEDU	SCHEDULE F - AGREEMENTS	Name: ANDY SAMBORN Pa	Page 13 of 13
Identify the da continuation or employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a l continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	overnment service; ained by a former
Date	Parties to Agreement	Terms of Agreement	
	Nove		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State) Example: Doe Jones & Smith, Hometown, Homestate Accounting Services Sec Sca C	gordinol (City City)	4
nes & Smith, Homestown, Homestate	Source (Name and City/State)	Brief Description of Duties
See Set C		Accounting Services
	Sec ScH C	