

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

OCT 07 2017

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FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

Name: Andy SARGARD Daytime Telephone: _____

OCT 17 AM 11:12

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: NH
District: 01Candidates - Date of Election: Nov. 6, 2018

Check if Amendment



New Officer or Employee

Staff Filer Type (If Applicable):
Employing Office: _____
Shared ☐ Principal Assistant ☐

Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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?Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

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?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☒ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" 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.

Yes ☐ No ☒

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

R.E. = Real-Estate
RENTAL = RENTAL PROPERTY

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Use additional sheets if more space is required.

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																												
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED ELLG TRUST	TAX-DEFERRED	Cover Type of Income: Specify, e.g., Partnership income or Farm income	Current Year												Preceding Year														
																									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
	TD Bank Checking																		X																															
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)

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SCHEDULE D - LIABILITIES

Name: ANDY SANBORN

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Report liabilities of over \$10,000 owed to any 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 (whether 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.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
			A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
<i>(Sample)</i> First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
P1 Institution for Savings	2016	Mortgage on Property						X					
P2 Bank of New Hampshire	5/2000	Mortgage on Property				X							
P3 Ditech	6/05	Mortgage on Property				X							
P4 Savings Bank of Delaware	1/96	Mortgage on Property					X						
Chase Bank	2/98	Mortgage on Property	X										

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

SCHEDULE D - LIABILITIES

Name:

ANDY SANBORN

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Report liabilities of over \$10,000 owed to any 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 (whether 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.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
			\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
TD BANK	6/97	Mortgage On Property				X							
EASTERN BANK	4/04	Mortgage On Property				X							
American Express - Work	9/17	Credit Card - Work		X									
Wells Fargo	9/17	Credit Card	X										
CHASE Inc - Work	9/17	Credit Card	X										

SCHEDULE E - POSITIONS

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Position	Name of Organization

SCHEDULE D - LIABILITIES

Name: ANDR SAKEN

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Report liabilities of over \$10,000 owed to any 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 (whether 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.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
			\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
(Example) First Bank of Wilmington, IN	5/98	Mortgage on Rental Property, Dover, DE				X							
CAPITAL ONE - LAURIE	9/12	CREDIT CARD	X										
NH FEDERAL CREDIT UNION	9/12	INSTALLMENT LOAN		X									

SCHEDULE E - POSITIONS

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Position	Name of Organization
PRESIDENT'S ADVISORY BOARD	NEW ENGLAND COLLEGE - UNCOMP
STATE SENATOR	N.H. SENATE - SCH C
CAMERON ETC MEMBER 100%	CAMRY, LLC - SCH A
IS LIVING, LLC MEMBER 100%	IS LIVING, LLC - SCH A
HARRIS, LLC MEMBER 100%	HARRIS, LLC - SCH A

SCHEDULE D - LIABILITIES

Name: ANDY SANDOZ

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Report liabilities of over \$10,000 owed to any 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, 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.

Debtor (You, Spouse, or Dependent Child)	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	First Bank of Wilmington, IN	5/98	Mortgage on Rental Property, Dover, DE				X							

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 DRAFT, LLC - SCH A
MEMBER 100%	THE BEST REVENGE, LLC - SCH A
MEMBER 100%	DAGGY MOTORCARS, LLC - VILCOUP
BOARD MEMBER	SOUTH MAIN ST CONDO ASSOC. - VILCOUP

SCHEDULE F - AGREEMENTS

Name: ANDR SAWARD

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Indicate the date, parties to, and principal terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payment; by a former or current employer other than the U.S. government; or continuing jurisdiction in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
None		

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)	Brief Description of Duties
Example: Doe Jones, K. Hill, Hometown, Homestate	Accounting Services
See Schedule C	