



Filing ID #10016536

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Carol Shea-Porter
Status: Member
State/District: NH01

FILING INFORMATION

Filing Type: New Filer Report
Filing Year: 2016
Filing Date: 05/11/2017

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
U.S. Government Retirement Program- Thrift Savings Plan DESCRIPTION: Thrift Savings Plan	SP	Undetermined	None		
U.S. Government Retirement Program-Thrift Savings Plan DESCRIPTION: Thrift Savings Plan		Undetermined	None		
U.S. Savings Bond DESCRIPTION: U.S. Savings Bond	JT	\$1,001 - \$15,000	None		

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
U.S. Federal Government	Spouse Pension	N/A	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Wells Fargo	September 2002	Mortgage on personal residence Rochester, NH	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Carol Shea-Porter , 05/11/2017