



Filing ID #10008597

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Carol Shea-Porter  
**Status:** Congressional Candidate  
**State/District:** NH01

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2015  
**Filing Date:** 09/8/2015

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

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

## 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:** Carol Shea-Porter , 09/8/2015