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.	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 single source in the current year and two prior years?	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? F. Did you have any reportable as outside entity during the reporting period?	A. Did you, your spouse, or your dependent chikt: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? Wes No E. Did you hold any reportable period or in the current calendar asset during the reporting period or.	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	New Member of or Candidate for State: NH U.S. House of Representatives District: O Check if Candidates – Date of Election: Nov. C, 2018 Check if	Name: ANDY SANBORN Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates, and New Em
ilid because they meet all three tests for Yes No	need not be disclosed. Have you excluded Yes No 🔽	TH OF THESE QUESTIONS	ANSWER "YES" REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a Yes No No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No Vear up through the date of filing?	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		A \$200 penalty shall be assessed against any individual who files more than 30 days late.	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	OFFICE OF THE CLESK	FORM B FORM B OCT 0 7 2017 Page 1 of 13 For New Members, Candidates, and New Employees COSLATIVE RESOURCE CENTER

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Name: ANDY SANGORU

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										<u> </u>	上			Over \$5,000,000 ≚			

SCHEDULE C - EARNED INCOME

Name: FNDY SANGDEN Page & 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. 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.

		Am	Amount
cource (ilicitate date of lecerpt for notionalia)	ype	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Onland County Apart of Education	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
		A.	SA
STATE OF NEW Hampshire	MILEMER REIMB	2200	8600
San Colland Housewith	Source Swim		. /
THE CAST OF THE PROPERTY OF TH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THE DEAFT LLC	Spouse Sourcey	K/A	N/A
	·	•	-

SCHEDULE D - LIABILITIES

Name: ANDY SANBORN	Page 9 of /3
orting period by you, your spouse, or your dopendent child. Mark the highest amount owed during the reporting all property including mortgages on their porsonal residence. Exclude: Any mortgage on your personal residence for the basis in which you can an internal fundace you are personally labely and	int owed during the reporting ge on your personal residence
familiary or appliances: Babillies of a lasticess in which you own an interest funless you are personally Babile); and	you are personally liable); and

(mit may year rent it out or are a Membur); hearn are newed by automobites, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and thintillium counts by a spouse or the close of the reporting period only if the balance at the close of the reporting period only if \$10,000. *Column K is for liabilities that safety by your spouse or dependent child. traped bubillies of over \$10,000 ower to any own careflor at any time during the rep period. New Members: Members are required to report all liabilities secured by re

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CHASE BANK	±	BANK OF NEW HAMPSHIRE	INSTITUTION FOR SAVINGS	First Benk of Wilendayish, III	Creditor		
1 96 2/92	6/05	5 2000	2016	5/98	Date Liability Incurred MO/YR		
Moetings On Property	MOTERAGE ON PROPERTY	MOSTERNE ON PROPERTY	Morrange on Property	Mortgage on Rental Property, Dover, DE	Type of Liability		
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×					\$15,001- \$60,000	D\$	
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					\$25,000,001- \$50,000,000		
		١.					•
					Over \$50,000,000	٠.	

SCHEDULE E - POSITIONS

Ropent all persistents, compensated or uncompensation, are an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or offine function in the united States. Exclude: Positions held in any religious, social, fraternal, or political multiper (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 that durrant calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position Name of

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tradition 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 (Habitana you rent it out or are a Member); feature are unified by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and հեժոնները would be you by a spouse or the club. [որուդ], 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 Remark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting *Column K is for listabilities, brain suitably by your spouse or dependent child.

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THE AXC - YORK			American Express- Work	ENGIERY BANK	NAK	First Benk of Wilmshylkm, 114	Creditor		
9117	1112		9/17	با (<u>کو</u>	697	5/98	Date Liability Incurred MO/YR		
COEDY (ARO)	CAEDIT CARD		CREDIT CARD - WORK	Morthage On Rioperry	Morrage On Property	Mortgage on Rental Property, Dover, DE	Type of Liability		
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							Over \$1,000,000* (Spouse/DC Liebility)	7	

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SCHEDULE E - POSITIONS

Report of the healthnet, compensated or uncompensated, are an officer, director, bustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or cultim healthnet, enterprise, morprofit organization, known organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting perkul and the cannot calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

		Position
		Name of Organization

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CAPTRAL ONE - LAURIE NIH FEDERAL CREDT UNION	First Bank of Wilhamphup, 119	Creditor		
9/17	5/98	Date Liability Incurred MO/YR		
CREDIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
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	1	Over \$1,000,000* (Spouse/DC Liability)	_	

SCHEDULE E - POSITIONS

political cutilities (tutal) 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 Regent all treatments, compensated or uncompensated, the an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or offilm the than the United States. Exclude: Positions held in any religious, social, fraternal, or officer, trustee of an organization other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or 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
PRESIDENT'S ADDISONY BOARS	NEW EXGLAND COLLEGE - UNCOMI	- UNCOMP
STATE SEMATOR	N. H. SCHATE	- ScH C
CAMPY LLC MEMBER 100% (AMPY, LLC	CAMPY, LLC	- SCHA
Is trained ALC MEMBER 1002 To Living LLC	Is Living, LLC	- ScHA
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Required lind illities of over \$10,000 owest to мау систем illist at any time during the reporting period by you, your spouse, or ухит dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or ухит dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your personal residence. Exclude: Any mortgage on your personal residence (инфинутитель it out or are a Member); бинен инчиния by automobiles, household furniture, or appliances; liabilities of a husiness in which you own an interest (unless you are personally liabile); and High High high to you by a spouse or the idukt, Indian, in 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 10,000 \$ 10,000. *Column K is for finialities, that suitely by your spouse or dependent child.

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				Over \$50,000,000	-	
	-			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report of the predict period and the 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 1002	THE DEAT LIC - SCHA
MEMBER 100%	HE BEST REVENGE LLC - SCHA
MEMBER 100%	DAGAY MOTOPEARS LLC - VALOMO
BOOM MEMBER	South Main St Coups Assoc UNLCOMP

SCHEDULE F - AGREEMENTS

Name: Ma OSIMA Page 13 g /3

headily the date, parties to, and parent dams of any agreement or arrangement that you have with respect to: future analysment; a leave of absence during the period of government service; continuing parties to payment; by a former or current employer other than the U.S. government; or continuing parties to, and payments or benefit plan maintained by a former canadoyer. Date NONE Parties to Agreement Terms of Agreement

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

Report sources of compensation, the advent 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, then, partitional high, 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 listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Shilli, Flometown, Homestate	Accounting Services
SEE SCHEDULE C	