



Filing ID #10021073

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

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

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2017  
**Filing Date:** 04/27/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
U.S. Government Retirement Program- Thrift Savings Plan [OT] DESCRIPTION: Thrift Savings Plan	SP	Undetermined	None	<input type="checkbox"/>
U.S. Government Retirement Program-Thrift Savings Plan [OT] DESCRIPTION: Thrift Savings Plan		Undetermined	None	<input type="checkbox"/>
U.S. Savings Bond [OT] DESCRIPTION: U.S. Savings Bond	JT	\$1,001 - \$15,000	None	<input type="checkbox"/>

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

None disclosed.

## 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 G: GIFTS

None disclosed.

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**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 , 04/27/2018