



Filing ID #10025154

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

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

FILING INFORMATION

Filing Type: Terminated Filer Report
Filing Year: 2019
Filing Date: 02/6/2019

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] | SP | Undetermined | None | <input type="checkbox"/> |
| DESCRIPTION: Thrift Savings Plan | | | | |
| U.S. Government Retirement Program-Thrift Savings Plan [OT] | | Undetermined | None | <input type="checkbox"/> |
| DESCRIPTION: Thrift Savings Plan | | | | |
| U.S. Savings Bond [OT] | JT | \$1,001 - \$15,000 | None | <input type="checkbox"/> |
| DESCRIPTION: U.S. Savings Bond | | | | |

* 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 | \$50,001 - \$100,000 |

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 , 02/6/2019