



**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 14-C)  
For Legislators and Legislative Employees

Type or Print all Information Clearly:

Name: Neal M. Kurik Work Phone No.: 271-3165  
First Middle Last

Work Address: LOB 211A

Office/Appointment/Employment held: state rep.

List the full name, post office address, occupation, and principal place of business, if any, of the **source** of any reportable honorarium, expense reimbursement, ticket or free admission to a political, charitable, or ceremonial event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss official business, with a value greater than \$50.

**Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:**

Name of Source: NCSL  
First Middle Last

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: Denver CO, D.C

**If the source is a Corporation or other Entity:**

Name of Corporation or Entity: NATIONAL CONFERENCE OF STATE LEGISLATURES

Name of Person Representing the Corporation/Entity: LAURA STIGLER

Work Address of Person Representing the Corporation/Entity: 720-297-8989

I am reporting:

- A ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00.
- Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00.
- An Honorarium with value over \$50.00.

Value of Honorarium: N/A Date Received: \_\_\_\_\_ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*  Exact  Estimate

- An Expense Reimbursement with value over \$50.00.

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*  Exact  Estimate

For a report relating to an honorarium or expense reimbursement, you are required to attach a copy of the agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities at the event. Indicate below the names of the sponsors of activities in cases where they are not indicated on the agenda or equivalent document.

\_\_\_\_\_  
\_\_\_\_\_

TURN OVER TO CONTINUE

