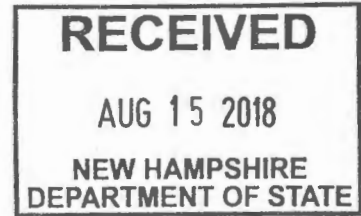


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Sharon M. Carson Work Phone No.: 271-1403
FIRST MIDDLE LAST
Work Address: 107 N. Main St. Concord, NH. 03301
Office/Appointment/Employment held: State Senator

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: _____
FIRST MIDDLE LAST
Post Office Address: _____
Occupation: _____
Principal Place of Business: _____

If the source is a Corporation or other Entity:

Name of Corporation or Entity: Casey Family Programs
Name of Person Representing the Corporation/Entity: Dan Despard
Work Address of Person Representing the Corporation/Entity: 7 World Trade Center, 250 Greenwich St, Suite 46B, New York, New York 10007

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: _____ 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: 1,185.00 Date Received: July 9-11, 2018 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.

See Attached

Provide a brief description of the service or event that gave rise to this Honorarium, Expense Reimbursement, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages:

Site visit to Child Protection Services

"I have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Shawn M. Carson

SIGNATURE OF FILER

8-15-18

DATE FILED

RSA 14-C:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Please provide the following information about the person filing this report.

This information will not be made public:

Home Phone: _____

Home Address: _____
STREET TOWN/CITY ZIP

Mailing Address if different: _____

E-mail Address: _____



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

New Hampshire Site Visit

July 10, 2018

Perform Care
300 Horizon Drive, Suite 306
Robbinsville, NJ 08691-1919

Agenda

- 7:30 – 8:30 Breakfast at Hotel
- 8:30 – 9:00 Travel to Perform Care
- 9:00 – 9:30 Welcome and Introductions

- 9:30am Overview of CSOC Structure and Data

- 10:30am Mobile Response Crisis Stabilization Services

- 11:15am 15-minute break

- 11:30 am CARE Management Organizations/Family Support Organizations

- 12:30pm Lunch

- 1:30pm Behavioral Health Continuum of Care

- 2:30pm Contracted Systems Administrator

- 3:15pm Travel back to Hotel

- 6:30pm Dinner at Spigola

www.nj.gov/dcf



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

New Hampshire Site Visit

July 11, 2018

Capital Center
50 East State Street
2nd Floor Conference Room
Trenton, NJ 08625-0729

Agenda

- 7:30 – 8:30 Breakfast at Hotel
- 8:30 – 9:00 Travel to Trenton
- 9:00 – 9:30 Welcome and Introductions
- 9:30am CP&P Structural Overview
- 10:30am Family Preservation Services
- 11:15am 15-minute break
- 11:30am Housing KFT
- 12:00pm Visitation Services
- 12:30pm Lunch
- 1:30pm Substance Use Services in Child Welfare
- 2:15pm Adolescent Services

www.nj.gov/def

Expense Report for: Senator Sharon Carson

From: Casey Family Programs

Airfare: 565.00

Hotel: 456.00

Ground Transportation: 80.00

Meals: 87.00