

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C)

For Legislators and Legislative Employees



Type or Print all Information Clearly:

Name: LOU D'ALLESANDRO Work Phone #: 603-271-2600
First Middle Last

Work Address: STATE HOUSE - 107 NORTH MAIN ST. CONCORD - NH 03301

Office/Appointment/Employment held: SENATOR

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

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable expense reimbursement, honorarium, 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.

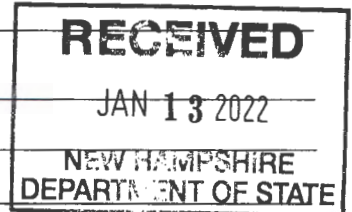
If the source is an Individual:

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: _____

Name of Person Representing the Corporation/Entity: _____

Work Address of Person Representing the Corporation/Entity: _____

I am reporting:

An Expense Reimbursement with value over \$50.00. (For costs that are waived, forgiven, reduced, prepaid, or reimbursed by a third party (other than the General Court) for attendance at a qualified event, pursuant RSA 14-C:2, III.)

Value of Expense Reimbursement: \$ 700 Date Received: 12-10-21 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 Honorarium with value over \$50.00. (For payment from third parties for an appearance, speech, written article or other document, service as a consultant or advisor, or participation in a discussion group or similar activities related to legislative matters, pursuant to RSA 14-C:2, V.)

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

A ticket or free admission to a political, charitable, or ceremonial event with value over \$50.00. (Pursuant to RSA 14-C:4, I.)

Meals and/or beverages consumed at a meeting or event the purpose of which is to discuss official business with value over \$50.00. (Pursuant to RSA 14-C:4, II.)

A Donation to a State or National Legislative Association Event. (Pursuant to RSA 14-C:2, IV(b)(15).)

TURN OVER TO CONTINUE

For a report relating to an Expense Reimbursement or Honorarium, 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.

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

meeting of eastern state to discuss policy —

Source of a Donation to a State or National Legislative Association Event

Provide an itemized report of all individuals, corporations, or other entities from whom you received a donation on behalf of a state or national legislative association event.

Full Name of Donator	Post Office Address	Value of Donation	Date Received	Name of Legislative Association

(Attach Additional Sheets if Necessary)

"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."


1-13-22

 SIGNATURE OF FILER 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. 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: _____

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



Eastern Regional Conference

THE COUNCIL OF STATE GOVERNMENTS

CSG East Annual Meeting Committee Winter Meeting

Friday, December 10, 2021, 2:30 P.M.

Manhattan Room, 2nd Floor, East Tower,
Hilton Millennium New York, One United Nations Plaza

Committee Meeting Agenda

- 2:30 p.m. **Introductions**
Representative Carolyn Partridge, VT,
Chair, CSG East Annual Meeting Committee
- 2:35 p.m. **Adoption of minutes**
Representative Carolyn Partridge
- 2:40 – 2:50 p.m. **2021 Virtual Annual Meeting**
- **Meeting summary**
Hon. Ted Arnott, ON, *2021 CSG East Chair*, and David Biette
 - **Summary of attendance and finances**
Alison Braver
- 2:55 – 3:00 p.m. **2022 Annual Meeting in New Hampshire**
- **General overview**
Senator Lou D’Allesandro, NH, *2022 CSG East Co-Chair-elect*
 - **Meeting with New Hampshire in Concord on September 27**
Representative Carolyn Partridge, David Biette
 - **Fundraising report**
Alison Braver
- 3:00 – 3:05 p.m. **2023 Annual Meeting in Ontario**
Hon. Ted Arnott, and Alison Braver
- 3:05 – 3:10 p.m. **2024 and beyond**
Hon. Joe Shekarchi, RI, and Alison Braver
- 3:10 – 3:15 p.m. **Other business, and adjournment**