STATE OF NEW HAMPSHIRE

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



RECEIVED DEC 2.7 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or	Print all Info	mation Clearly:	1	4					
Name: _	(stenn		Cor	delli		_Work Pho	ne #: <u>603</u>	-515-0	008
Work Ad	First Idress: P.O. I	Middl Dax 209	e Cta	Last	NH	03816	6		
		nployment held:	120	Reares	0010	1			
OniceA	ppomunences	ipioyment neta.	na e	Vel Ce	CAIG	1175			
Source e	of Expense R	eimbursement, Ho	norarium	, Ticket or F	ree Adm	nission, or	Meals and	or Beverages	
reportab event, or	le expense re	est office address, of imbursement, hono verages consumed a nan \$50.	orarium, ti	cket or frec	admissio	n to a pol	itical, charit	able, or cerem	onial
-	ource is an In								
		First		ddle		Last	-, -,		
Occupati									_
•	Place of Busin								
If the so	ource is a Cor	poration or other .	Entity:	_					
Name of	Corporation of	Entity: Exce	din 6	Ed	_				
Name of	Person Repres	enting the Corporati	on/Entity:	Charla	Lan	casto	-		
		n Representing the C			Box	10691	,		
			•		Tal	llaha:	ssee, F	Borida 3:	2302
or reimb 14-C:2, Value of	Expense Rein oursed by a th III.) Expense Rein	ird party (other the abursement:	n the Gen	eral Court):	costs that for attendations	at are wai dance at a	ved, forgive qualified e	n, reduced, pre vent, pursuant act value is unki	paid, RSA nown,
article or activities Value of	r other docume s related to leg Honorarium:	vith value over \$50 ent, service as a con islative matters, pur e gift or honorarium a	sultant or a rsuant to R Date Re	idvisor, or pa SA 14-C:2, V ceived:	rticipatio /.)	on in a disc	cussion group		
□ A <u>ti</u> 14-C:4, l		lmission to a politica	al, charitabi	le, or ceremon	nial event	t with valu	ie over \$50.0	00. (Pursuant to	RSA
		erages consumed at ursuant to RSA 14-0	_	or event the	purpose o	of whi ch is	s to discuss o	official business	with
□ A <u>I</u>	Donation to a	State or National L	egislative	Association	Event. (l	Pursuant to	o RSA 14-C	2, IV(b)(15).)	
						TU	RN OVER TO	CONTINUE	

or an equivalent do	cument which addres ow the names of the s	oursement or Honoragieses the subjects addresses of activities in	ssed and the tim	e schedule of all acti-	vities at the
Provide a brief desticket or free admis	cription of the service sion to a political, cha	e or event that gave ri	se to this Expen event, or meals	se Reimbursement, Hor beverages.	onorarium,
Source of a Donati	on to a State or Natio	nal Legislative Assoc	iation Event		
	l report of all individu or national legislative	als, corporations, or cassociation event.	ther entities from	n whom you received	a donation
Full Name of Donator	Post Office Address	Value of Donation	Date Received	Name of Legislative Ass	ociation
				-	
			n		
	(A	attach Additional Sheets if	Necessary)		
"I have read RSA 14 of my knowledge ar		or affirm that the fore	going information	n is true and complete	to the best
R	De sum.			12/27/23	
SIGNATURE OF FI	LER			DATE FILED	
files a false report s filing this report.	hall be guilty of a mi	owingly fails to compl sdemeanor.Please pro			
This information w	ill not be made publ	lic:			
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					(8/19)