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



TURN OVER TO CONTINUE

	W	1110.00	Work Phone #:	(603) 271-3479
First Work Address: 107	Middle	Last	acoud NH	1224
	10. main	Street, Ca NHSenate-S	Terror Des	030
Office/Appointment/Emplo	yment held:	NHSenate- >	enate Fre	sident
Source of Expense Reim	bursement, Hono	rarium, Ticket or Free A	dmission, or Med	uls and/or Beverages
Transit A Thomas and the	The state of the s	Company of the Compan	Liver David Hard	any, of the source of any
reportable expense reimb event, or meals or beve	oursement, honorar	ium, ticket or free admis	ssion to a political	charitable, or ceremonia
business, with a value gre	eater than \$50.			
If the source is an Indivi	idual:			
Name of Source:				RECEIVED
Post Office Address:	irst	Middle	Last	SEP 0 8 2021
Occupation:				NEW HAMPSHIRE
Principal Place of Business				DEPARTMENT OF STAT
Work Address of Person Re	epresenting the Corp	oration/Entity: NH mo	ter Transpo	4 Association
*	_	CITICITICI NEI 3	1.001,100	0x 3848
l _l am reporting:	C	acad, NH 03301		
lam reporting: An Expense Reimb	oursement with v	alue over \$50.00. (For	costs that are v	vaived, forgiven, reduced
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agenda or an equivalent document which addresses th	or <u>Honorarium</u> , you are required to attach a copy of the e subjects addressed and the time schedule of all activities is of activities in cases where they are not indicated on the
Please See attached	agenda
6 (5 S July 1879) 3 S S S S S S S S S S S S S S S S S S	
ticket or free admission to a political, charitable, or ce	
This was a gathering o	of representatives of vanous
companies in the Energy]	industry operating in Northern New
England to discuss the future	of energy needs in the region
Source of a Donation to a State or National Legislat	ive Association Event
Provide an itemized report of all individuals, corporat on behalf of a state or national legislative association	ions, or other entities from whom you received a donation event.
Full Name of Donator Post Office Address Value of Do	onation Date Received Name of Legislative Association
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Indicate the state of the state of the	26.1
Himse Tonsont Recountry	
(Attach Addition	al Sheets if Necessary)
"I have read RSA 14-C and hereby swear or affirm best of my knowledge and belief."	that the foregoing information is true and complete to the
hale W. Moran	Sept 8, 2021
SIGNATURE OF FILER	DATE FILED
	Salem, NH 03079

03301

(8/19)



CONFERENCE SCHEDULE

Mond	av.	Augu	ıst 3	30

	ioliday, August 30
10am-2pm	Vendor Registration (Great Hall) and Move-In (Grand Ballroom)
10am-5pm	Attendee Registration (Great Hall)
3pm-4:30pm	Board of Directors Meetings ME (Reagan Room) NH (Jefferson Room) VT (Washington Boardroom)
3pm-6pm	Exhibits Open (Great Ballroom)
5pm-6pm	Reception with Vendors (Great Ballroom)
6pm-7pm	Cornhole Tournament/ Reception (Jewell Terrace and Presidential Garden)
7:15pm- 9pm	Dinner Buffet (Presidential Ballroom and Presidential Garden)
9pm	Firepit with S'mores
9pm-11pm	Hospitality House (The Cave)

Tuesday, August 31

7am-10am	Breakfast (Main Dining Room)		
7:30am- 8:30am	Registration (Great Hall)		
8am- 8:30am	Vendor Move-in (Grand Ballroom) *Vendors must be moved in by 8:30am		
8:30am- 9:15am	Opening Remarks & NH State Senator Chuck Morse (Presidential Ballroom)		
9:15am- 5:45pm	Exhibits Open (Grand Ballroom) 9:30am- Registration Reopens		
9:15am-4pm	Education* (Presidential Ballroom)		
12pm-1pm	Lunch and Vendor Time (Great Hall and Grand Ballroom)		
4:30pm- 5:45pm	Reception with Vendors (Grand Ballroom)		
5:45pm- 6:30pm	Announcements and Awards		
6:30pm- 7pm	Guest Speaker		
7pm- 8:30pm	Clam and Lobster Bake (Presidential Garden and Presidential Ballroom)		
7pm-10pm	Vendor Teardown (Grand Ballroom)		
9pm	Fireworks (Presidential Garden)		
9pm-11pm	Hospitality House (The Cave)		

Wednesday, September 1

7am-8am	Exhibits Teardown (Grand Ballroom)			
7am-10am	Breakfast (Main Dining Room)			
9am-2pm	Golf Tournament with Lunch (18 Hole Golf Course)			



OMNI HOTELS & RESORTS mount washington | new hampshire

Chuck Morse United States Room No.

Arrival

: 08-30-21

Departure

: 08-31-21

Page No.

: 1 of 1

Folio No.

Conf. No.

: 3150724

Cashler No.

: 317

Membership No.

PRO-FORMA FOLIO

A/R Number

Group Code

082621NORTHERNN

Company Name

08-11-21

Date	Description		Charges	Payments
08-30-21	Room Charge		399.00	
08-30-21	Group Resort Services Charge		25.00	
08-30-21	9% NH Tax		35.91	0.00
08-30-21	9% Resort Services Charge NH Tax		2.25	0.00
		Total	462.16	0.00
		Balance		462.16

+ dinner \$75,-\$ Total. \$537.16

Thank you for staying at the Mount Washington Resort.

CONTACT

Lisa Jo Steiner Events and EMANH Coordinator



New Hampshire Motor Transport Association

19 Henniker Street PO Box 3898

Concord, NH 03302-3898 Phone: 603-415-8310 Fax: 603-225-9361

www.nhmta.org