

STATE OF NEW HAMPSHIRE

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



RECEIVED

AUG 21 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: WILLIAM M MARSH Work Phone No.: 603-569-6382
Work Address: 742 Pleasant Valley Rd Wolfeboro, NH 03897
Office/Appointment/Employment held: Representative, Carroll 8

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:
Post Office Address:
Occupation:
Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: The Barnstormers Theater
Name of Person Representing the Corporation/Entity: Margaret Cleveland
Work Address of Person Representing the Corporation/Entity: po box 434 Tamworth NH 03886

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: \$73 Date Received: 8/17/17 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