## STATE OF NEW HAMPSHIRE

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



TURN OVER TO CONTINUE

Type o	r Print all	Inform	nation Clea	rly:					
Name:	Jame	26	***************************************	A.		Sp:112	e	Work Phone #	(603) 463-5623
	First		_	Middle	_	Last	1.1		
Work A	Address: _	16	Swamp	_ ス살, ,	De	erfield	NH	05037	
Office/	Appointme	nt/Emp	ployment he	ld: <i>\$7</i> 2	re	Reffese	Tative		
Source	e of Exper	ıse Re	imburseme	nt, Honor	arium	, Ticket or	Free Adr	nission, or Me	eals and/or Beverages
reporta	able expen	ise reir or beve	nbursement rages consu	t, honorari	um, ti	cket or free	admissio	on to a politica	if any, of the source of al, charitable, or ceremon to discuss official busin
If the s	source is a	an Ind	ividual:						
Name o	of Source:		First						RECEIVED
Post Of	ffice Addre	ess:	First			ddle		Last	AUG 26 2021
	al Place of			, , , , , , , , , , , , , , , , , , , ,					NEW HAMPSHIRE DEPARTMENT OF STA
Work A	Address of	Person	Representin	g the Corpo	oration	/Entity: <u><b>≤0</b>0</u>	N Capita	of Texas H	luy, Bldy 5, STE 100
I am re	porting:								
						•			forgiven, reduced, preparent P
1400	111								alified event, pursuant R
Value o	of Expense	Reimb	oursement:	1,309.91	6	Date R	eceived:	8/5/2021	If exact value is unkno  XExact □ Estimate
provide	an estimate	of the	value of the g	ift or honor	arium a	and identify th	he value as	an estimate.	XExact  Estimate
article activiti Value	or other do es related of Honorar	ocumer to legis		s a consulta ers, pursuar D	ant or a nt to Ri Date Re	advisor, or p SA 14-C:2, ceived:	oarticipation V.)	on in a discussi	earance, speech, written on group or similar et value is unknown, provide Exact   Exact   Estimate
		,	03. 0			,		A	
□ A 14-C:4		ree adn	nission to a p	political, cl	naritabl	le, or cereme	onial even	t with value ov	er \$50.00. (Pursuant to R
			rages consur suant to RS			or event the	purpose	of which is to d	discuss official business w
□ <b>A</b>	Donation	to a S	tate or Nati	onal Legis	slative	Association	n Event. (	Pursuant to RS	SA 14-C:2, IV(b)(15).)

or an equivalent do	ocument which addres ow the names of the sp	ses the subjects addre	ssed and the time	red to attach a copy of the e schedule of all activitie are not indicated on the	es at the
Ted Pan	rerson 4 Hazlit	T STaff			
	-	•		se Reimbursement, Hono	 orarium,
	sion to a political, cha	aritable, or celebratory		or beverages.	
4					
Provide an itemized				n whom you received a o	donation
Full Name of Donator	Post Office Address	Value of Donation	Date Received	Name of Legislative Associa	tion
	Marketon			Add 1	
	(4	Attach Additional Sheets if	Necessary)		
"I have read RSA 1 of my knowledge a	•	or affirm that the fore	going information	n is true and complete to	the best
SIGNATURE OF F	H. Jun			DATE FILED	
RSA 14-C:7 Penal	ty. Any person who kn	nowingly fails to comp	ly with the provis	ions of this chapter or kn	owingly
		Dearfield			
		TOWN/CITY			
					8/19)
					0/17)