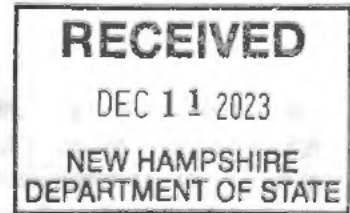


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Aaron Goulette Work Phone #: 603-271-3661

Work Address: 107 N. Main Room 312 Concord NH 03301

Office/Appointment/Employment held: Chief of Staff / NH House of Representatives

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

If the source is a Corporation or other Entity:

Name of Corporation or Entity: Business & Industry Assoc. Name of Person Representing the Corporation/Entity: Work Address of Person Representing the Corporation/Entity: 122 N. Main St. Concord 03301

I am reporting:

[X] 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: \$339.00 Date Received: 12/3/23-12/4/23 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.

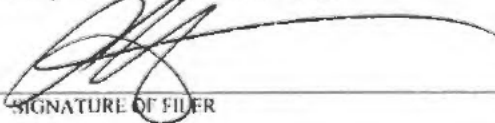
Source of a Donation to a State or National Legislative Association Event

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 Donor	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."


SIGNATURE OF FILER

12/11/23
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: [REDACTED]

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

NEW HAMPSHIRE BIA

9TH ANNUAL LEADERSHIP SUMMIT

SPONSORED BY

DINNER



LUNCH

BAE SYSTEMS

HORS D'OEUVRES



AFTER DINNER NETWORKING



REGISTRATION AND NAME BADGE



DECEMBER 3 - 4, 2023

MOUNTAIN VIEW GRAND RESORT
PRESENTED BY

EVERSOURCE

SUNDAY, DECEMBER 3

5:30 - 7:00 PM

REGISTRATION AND NETWORKING RECEPTION
CRYSTAL BALLROOM

7:00 - 8:30 PM

DINNER, CRYSTAL BALLROOM

8:30 PM

AFTER-DINNER NETWORKING, HARVEST TAVERN

MONDAY, DECEMBER 4

7:00 - 8:00 AM
BREAKFAST, CRYSTAL BALLROOM

8:00 - NOON
CONCURRENT POLICY SESSIONS, PRESIDENTIAL HALL
(SEPARATE BUILDING FROM MAIN HOTEL)

Please note: State policy leaders will be divided into three groups, alphabetically by last name, rotating at the conclusion of each policy session to the next session. By noon, state policy leaders will have had the benefit of participating in three separate policy sessions. Session descriptions are on the next page.

8:00 - 9:00 AM
CONCURRENT POLICY SESSIONS, PRESIDENTIAL HALL

9:00 - 9:30 AM
NETWORKING BREAK, PRESIDENTIAL FOYER

9:30 - 10:30 AM
REPEAT CONCURRENT POLICY SESSIONS, PRESIDENTIAL HALL
State policy leaders rotate to next session

10:30 - 11:00 AM
NETWORKING BREAK, PRESIDENTIAL FOYER

11:00 AM - NOON
REPEAT CONCURRENT POLICY SESSIONS, PRESIDENTIAL HALL
State policy leaders rotate to last session

NOON - 1:00 PM
LUNCH, HARDING ROOM

CLOSING REMARKS
Michael Skelton, President & CEO, Business & Industry Association

SUPPORTING SPONSORS



AGGENDA