### STATE OF NEW HAMPSHIRE

Type or Print all Information Clearly:

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



## RECEIVED

OCT 03 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| Name:   Kobe-b   Middle   Last  | Name:                       | Roberto  |   | Ruber   | Key                     | NA                        | _Work Phone No.:_                         | 271-2785  |
|---|-----------------------------|--|---|---|-------------------------|---------------------------|---|---|
| Office/Appointment/Employment held:   | 3371- /                     |  | 2   |   |                         |                           |   |   |
| 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 ceremonia event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss officia business, with a value greater than \$50.  **Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:  Name of Source:    First   |                             |  |   |   |                         |                           |   |   |
| reportable honorarium, expense reimbursement, ticket or free admission to a political, charitable, or ceremonia event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss officia business, with a value greater than \$50.  Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:  Name of Source:  First Middle Last  Post Office Address:  Occupation:  Principal Place of Business:  If the source is a Corporation or other Entity:  Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Yeare Phiney  Work Address of Person Representing the Corporation/Entity:  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:  Date Received:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimbursement: | Office/                     | Appointment/                                   | Employment                                | held:   | mance                   | Hudstor                   |   |   |
| Name of Source:  First Middle Last  Post Office Address:  Occupation:  Principal Place of Business:  If the source is a Corporation or other Entity:  Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Vork Address of Person Representing the Corporation/Entity:  State House, Concord, NH  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:  Date Received:  State House, Concord, NH  If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.  If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an 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   | reporta<br>event,<br>busine | able honorari<br>or meals or<br>ss, with a val | um, expense<br>beverages<br>ue greater th | e reimbursement<br>consumed at a<br>nan \$50. | t, ticket or<br>meeting | free admission event, the | on to a political, cl<br>purpose of whice | haritable, or ceremonial h is to discuss official |
| Post Office Address:  Occupation:  Principal Place of Business:  If the source is a Corporation or other Entity:  Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Work Address of Person Representing the Corporation/Entity:  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:  Date Received:  estimate of the value of the gift or honorarium and identify the value as an estimate.  Exact   Estimate    An Expense Reimbursement:    A 5. 00   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  |                             | •  | -   |   |                         | t or Free Aan             | nission, or Meais                         | ana/or Beverages:                                 |
| Occupation: Principal Place of Business:  |                             |  |   |   |                         |                           |   |   |
| Principal Place of Business:  If the source is a Corporation or other Entity:  Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Toyce Phiney  Work Address of Person Representing the Corporation/Entity:  State House, Greened, NH  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:  Date Received:  Jate Received:  Jate Received:  State House, Greened, NH  If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.  An Expense Reimbursement:  An Expens     |                             |  |   |   |                         |                           |   |   |
| Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:    Dayce   Phiney   |                             |  |   |   |                         |                           |   |   |
| Name of Corporation or Entity: NH General Court  Name of Person Representing the Corporation/Entity: Joyce Phiney  Work Address of Person Representing the Corporation/Entity: State House, Concord, WH  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:  Date Received:  Jet exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.  An Expense Reimbursement:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimbursement:  An Expense Reimbursement:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimbursement:  An Expense Reimbursement:  An Expense Reimbursement with value over \$50.00.  Value of Expense Reimbursement:  An Expense Reimb  | Princip                     | al Place of Bu                                 | siness:                                   |   |                         |                           |   |   |
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| An Honorarium with value over \$50.00.  Value of Honorarium:    Date Received:  |                             |  | admission re                              | eceived pursuant                              | to RSA 14               | -C:4, I with v            | alue over \$50.00.                        |   |
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| TURN OVER TO CONTINUE   |                             |  |   |   |                         | 7115                      | N OVER TO CONTIN                          | uie -   |

| Provide a brief description of the service or event that gave rise to this Honorarium, Expense Reimbursement, |   |  |       |      |     |      |  |        |    |
|---|---|--|-------|------|-----|------|--|--------|----|
| ticket or free admission to a political, charitable, or celebratory event, or meals or beverages:             |   |  |       |      |     |      |  |        |    |
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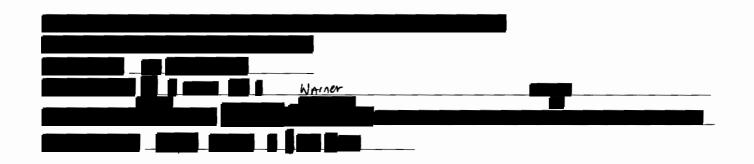
"I have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

SIGNATURE OF FILER

9-27-18 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.

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



# Granite State IIA Fall Event: Fraud, Ethics, & Client Communications

#### **Date and Time**

Fri, October 5, 2018 8:00 AM – 4:00 PM EDT

#### Location

Puritan Conference Center 245 Hooksett Road Manchester, NH 03104

### **Description**



Please join the Granite State IIA for our Fall Training Event: Fraud, Ethics, & Client Communications on Friday, October 5th!

All auditors should have basic fraud knowledge to meet their obligation as an auditor. In this day long course, attendees will focus on the basics of fraud auditing, including monitoring activities, understanding the nature of fraud and how it occurs, internal audit's role in detecting fraud and fraud red flags. Included in this course is a pragmatic approach to a comprehensive Fraud Risk Assessment.

Auditors must establish as strong level of trust to deliver difficult news to clients. This delivery, even when communication is continuous and transparent, can be difficult on both parties. This course will give auditors of all levels an outline of how to optimize their communication skills. This course is based on the book *People-Centric Skills: Interpersonal and Communication Skills for Internal Auditors* via Wiley Publications.

CPA's and internal auditors face with complex decisions on a daily basis without realizing many of them are actually ethical dilemmas. Although values and ethical issues pervade all social studies, this course provides attendees with an opportunity to study these issues in greater depth. This is a facilitated course with numerous group discussions where attendees can put into practice key learnings from the course.

We are pleased to host this event, featuring speaker **Danny M. Goldberg**. Danny is a well-known speaker on internal auditing and People-Centric Skills. Danny co-authored *People-Centric® Skills: Communication and Interpersonal Skills for Internal Auditors*, via Wiley Publications. This is the first book published specifically to address the wide-ranging topic of communication skills for internal auditors. It has been offered through the IIA and ISACA bookstores since July 2015 and has sold over 2,500 copies (through 2017). Danny has over 20 years of professional experience, including five years leading/building internal audit functions. Danny was named as one of the Fort Worth Business Press 40 Under 40 for 2014.

This full day event will offer attendees 7 CPEs. Lunch will be provided.

eventbrite Order #831443445

# Granite State IIA Fall Event: Fraud, Ethics, & Client Communications

IIA Member Ticket \$125.00

Puritan Conference Center, 245 Hooksett Road, Manchester, NH 03104

Friday, October 5, 2018 from 8:00 AM to 4:00 PM (EDT)

PayPal Completed

Order Information

Order #831443445. Ordered by Roberto Reyna on September 27, 2018 8:20 AM



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