

STATE OF NEW HAMPSHIRE

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



RECEIVED
DEC 11 2023
NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: MARK A PEARSON Work Phone #: (603) 571-0205
First Middle Last

Work Address: 80 ROUTE 125, KINGSTON, NH 03848

Office/Appointment/Employment held: STATE REPRESENTATIVE ROCKINGHAM CO. #34

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: _____
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: MILBANK MEMORIAL FUND

Name of Person Representing the Corporation/Entity: MORGAN McDONALD

Work Address of Person Representing the Corporation/Entity: 645 MADISON AVE 15th floor NEW YORK
NY 10022-1095

I am reporting:

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: _____ 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

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.

WE MET IN AUSTIN, TX FROM DECEMBER 5 TO 7, 2023

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.

I WAS AWARDED A MILBANK FELLOWSHIP IN PUBLIC HEALTH. APPROX. 28 LEGISLATORS / MEMBERS OF SR. LEADERSHIPS OF DHHS AROUND THE US MEET PERIODICALLY TO DISCUSS MATTERS OF HEALTH POLICY AND GET TO KNOW OTHER LEADERS FROM AROUND THE U.S.

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 Donator | Post Office Address | Value of Donation | Date Received | Name of Legislative Association |
|----------------------|---------------------|-------------------|---------------|---------------------------------|
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(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."

Mark A. Pearson
SIGNATURE OF FILER

DECEMBER 11, 2023
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 [REDACTED]
[REDACTED]
[REDACTED]

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

report to Concord

Milbank Memorial Fund

645 Madison Avenue, 15 Floor, New York, NY 10022-1095

Tel: 212-355-8400
Fax: 212-355-8599
E-mail: cambridge@milbank.org

REQUEST FOR REIMBURSEMENT

Name: The Hon. MARK A. PEARSON Residential Address: 23 FAITH DR
Office Address: 80 ROUTE 125 KINGSTON, NH 03848
Telephone (office): (603) 642-6700 Telephone (home): (603) 571-0205
Address to which check is sent: Office [X] or Home []

The Milbank Memorial Fund reimburses economy class travel only. Attach stub of plane or train ticket and all other appropriate receipts, which MUST accompany all requests for reimbursement of expenses.

Itemize expenses below.

Purpose of Travel: MILBANK FELLOWSHIP IN PUBLIC HEALTH Alumni gathering

Date of Travel: DECEMBER 5-7, 2023

Table with columns: Description, Amount. Rows include Plane (checked), Private Car (91.2 miles, \$0.655 per mile), Parking Fees (\$123.00), Taxi, Hotel, Meals, Other (boarding passes/receipt for parking attached), and TOTAL \$182.74.

Date Submitted: 12/8/2023 Signature: Mark A. Pearson

Please return the completed form with receipts to Gail Cambridge at the above address or to cambridge@milbank.org.

Official Use Only

Date Received: Project:
Approved By: Account No.

PEARSON/MARKA

Z 000 0003027423 3
H4KMFP

PEARSON/MARKA

DLXXXXXX2310

KAUNAOIL
FLIGHT DATE CLASS ORIGIN
DL1511 07DEC S AUSTIN
OPERATED BY COMFORT+ DESTINATION
DELTA AIR LINES INC BOSTON

DEPARTS
700A
BRD TIME
620A

SEAT
12B
COMF+



DEPARTURE GATE 02 **SUBJECT TO CHANGE**

DLXXXXXX2310

SEAT
12B
FLIGHT DATE
DL1511 07DEC
ORIGIN
AUSTIN
DESTINATION
BOSTON
OPERATED BY DELTA AIR LINES INC



AUS30FE15/NB

DELTA
PEARSON/MARKA

BOARDING PASS
SKYMILES AMEX
1 006 8063827423 0
H4KMFP

BOARDING PASS
SKYMILES AMEX
PEARSON/MARKA

DLXXXXXX2310

YAVSH3IL
FLIGHT DATE CLASS ORIGIN
DL1410 05DEC S BOSTON
OPERATED BY COMFORT+ DESTINATION
DELTA AIR LINES INC AUSTIN

DEPARTS
706A
BRD TIME
626A

SEAT
12B
COMF+



DEPARTURE GATE A17 **SUBJECT TO CHANGE**

DLXXXXXX2310

SEAT
12B
FLIGHT DATE
DL1410 05DEC
ORIGIN
BOSTON
DESTINATION
AUSTIN
OPERATED BY DELTA AIR LINES INC



BOS235F21/HK

Boston Logan Airport

One Herberside Drive
Boston, MA 02128
(617) 561-1673

Receipt 25270651/651 12/07/23 12:03:34
Shift #

C Pay parking tick \$ 123.00
Epan: 791501178339178430
12/05/23 04:57 - 12/07/23 12:03
Length of stay: 2 Dv, 7 Hr, 6 Min.

Total Amount \$ 123.00
Credit Mastercard \$ 123.00

Mastercard

TRX REF NUM: 5088
CARD ENTRY: Chip Read
PIN: XXXXXXXXXXXX8440
AID: A0000000041010
CRYP: 0957829E675B061C 40
Mastercard
Sale 123.00 USD
APPROVED 07/63P

** Thank you **
** Open 24 hours **

ROYAL SONESTA

The Stephen F Austin Royal Sonesta Hotel

Mark Pearson
United States

Room No. : 1213
Arrival : 12-05-23
Departure : 12-07-23
Folio No. :
Conf. No. : WJONXAER
Cashier No. : 6633
TA Record :

Company Name: Milbank Memorial Fund

Group Name: Milbank Fund Meeting

INFORMATION INVOICE

| <u>Date</u> | <u>Description</u> | <u>Charges</u> | <u>Credits</u> |
|-------------|--------------------|----------------|----------------|
|-------------|--------------------|----------------|----------------|

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