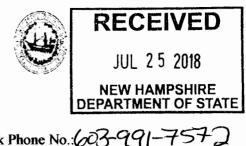
STATE OF NEW HAMPSHIRE

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



Type o	r Print all Informat	ion Clearly:		DEFAITINENT OF OTAT
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Name:	Ecin	Tapper	Hennesse	Work Phone No.: 603-991-757)
	First	Middle	Last	
Work A	ddress: RM 21 C	LOB CONCOR	(NH 033	50
Office/	Appointment/Employ	ment held: State R	epresenta	tive

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:

	First	Mindle		
fice Address:		Middle	Last	
al Place of Busin	ess:			
source is a Corp	ooration or oth	er Entity:		
of Corporation or	Entity: Cuse	y family Prog	nams	
of Person Represe	nting the Corpo	ration/Entity: Daniel	Despard	
Address of Person	Representing th	ne Corporation/Entity: <u>200</u> Se	the WA 98	1; te 2700, 512 1
porting:				
ticket or free ad	mission receive	d pursuant to RSA 14-C:4,	I with value over \$50.0	D O.
leals and/or beve	rages consume	d pursuant to RSA 14-C:4,	II with value over \$50.	.00.
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n Expense Rein	nbursement wit	th value over \$50.00.		
of Expense Reiml an estimate of the	bursement: <u>\$1</u> value of the gift of	29 Date Re or honorarium and identify the	ceived: $\frac{7}{10}ig -\frac{7}{11}$	<u>] ∕SIf exact value is unknown,</u> □Exact XEstimate
or an equivaler event. Indicate or equivalent d	nt document with below the name locument.	hich addresses the subject es of the sponsors of activ	s addressed and the tin vities in cases where the	me schedule of all activities
	of Corporation or of Person Represe Address of Person porting: ticket or free add leals and/or beve n Honorarium w of Honorarium: of the value of the n Expense Reim of Expense Reim an estimate of the report relating or an equivalent d	of Corporation or Entity: $Cu Set$ of Person Representing the Corporation of Person Representing the Corporation address of Person Representing the sporting: ticket or free admission receive leals and/or beverages consumed in Honorarium with value over the of Honorarium with value over the of Honorarium: of the value of the gift or honorarius in Expense Reimbursement with of Expense Reimbursement: S_{12} an estimate of the value of the gift of report relating to an honorarius of an equivalent document with event. Indicate below the name or equivalent document.	Address of Person Representing the Corporation/Entity: 200 Seporting: ticket or free admission received pursuant to RSA 14-C:4, leals and/or beverages consumed pursuant to RSA 14-C:4, I n Honorarium with value over \$50.00. of Honorarium: Date Received: of the value of the gift or honorarium and identify the value as an of n Expense Reimbursement with value over \$50.00. of Expense Reimbursement: $5/29/1$ Date Received: an estimate of the value of the gift or honorarium or expense reimbursed or an equivalent document which addresses the subject event. Indicate below the names of the sponsors of active or equivalent document.	of Corporation or Entity: $Cusey Family Regards$ of Person Representing the Corporation/Entity: $Daniel Despand$ address of Person Representing the Corporation/Entity: 2001 gr ¹⁴ Ave 5 Southle WA 98 porting: ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00 teals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00 n Honorarium with value over \$50.00. of Honorarium: Date Received: If exact a f the value of the gift or honorarium and identify the value as an estimate Exact n Expense Reimbursement: $\frac{5/29}{29}$ Date Received: $\frac{7/19/18}{29}$ /If an estimate of the value of the gift or honorarium and identify the value as an estimate. report relating to an honorarium or expense reimbursement, you are require or an equivalent document which addresses the subjects addressed and the tire event. Indicate below the names of the sponsors of activities in cases where the

TURN OVER TO CONTINUE

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:

The event was education on NJ'S DCF for a group of Legislators from the HHS and Vinance Committees.

"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."



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





State of New Jersey DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY Governor

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SHEILA Y. OLIVER Lt. Governor CHRISTINE NORBUT BEYER, MSW Commissioner

New Hampshire Site Visit

July 10, 2018

Perform Care 300 Horizon Drive, Suite 306 Robbinsville, NJ 08691-1919

Agenda

9:30am	Overview of CSOC Structure and Data
10:30am	Mobile Response Crisis Stabilization Services '
11:15am	15-minute break
11:30 am	CARE Management Organizations/Family Support Organizations
12:30pm	Lunch
1:30pm	Behavioral Health Continuum of Care
2:30pm	Contracted Systems Administrator



State of New Jersey DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY Governor

SHEILA Y. OLIVER Lt. Governor CHRISTINE NORBUT BEYER, MSW Commissioner

New Hampshire Site Visit

July 11, 2018

Capital Center 50 East State Street 2nd Floor Conference Room Trenton, NJ 08625-0729

Agenda

- 9:30am CP&P Structural Overview
- 10:30am Family Preservation Services
- 11:15am 15-minute break
- 11:30am Housing KFT
- 12:00pm Visitation Services
- 12:30pm Lunch
- 1:30pm Substance Use Services in Child Welfare
- 2:15pm Adolescent Services

www.nj.gov/dcf

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Cost Accounting for NJ Site Visit

Daniel Despard [DDespard@casey.org] Sent:Monday, July 23, 2018 9:47 AM To: Feltes, Dan; Hennessey, Erin; Carson, Sharon; FullerClark, Martha; MacKay, Mariellen; URBANNOD@HOTMAIL.COM

Hello - I've been asked to send you an individual cost breakdown of the costs covered by Casey Family Programs, related to the recent NH/NJ Site Visit. I have rounded all amounts to the nearest dollar and since some bills, such as the van rental, was spread across all participants, I've calculated the approximate individual cost. Below is the Breakdown of the costs:

*	Airfare - Sen. Carson - \$565.00 Sen. Feltes - \$565.00 Sen. Fuller-Clark - \$557.00 Rep. Hennessey - \$450.00 Rep. LeBrun - \$495.00
*	Hotel - Sen. Carson - \$456.00 Sen. Feltes - \$456.00 Sen. Fuller-Clark - \$684.00 Rep. Hennessey - \$684.00 Rep. LeBrun - \$684.00 Rep. McKay - \$684.00
*	Ground Transportation - Sen. Carson - \$80.00 Sen. Feltes - \$80.00 Sen. Fuller-Clark - \$160.00 Rep. Hennessey - \$45.00 Rep. LeBrun - \$45.00 Rep. McKay - \$45.00
*	Meals - Sen. Carson - \$87.00 Sen. Feltes - \$87.00 Sen. Fuller-Clark - \$112.00 Rep. Hennessey - \$112.00 Rep. LeBrun - \$112.00 Rep. McKay - \$87.00 Please let me know if you have any questions.

Dan Despard Senior Director Strategic Consulting Casey Family Programs (207) 485-1028 ddespard@casey.org