

**STATE OF NEW HAMPSHIRE**

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



Type or Print all Information Clearly:

Name: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_  
          First                          Middle                          Last

Work Address: \_\_\_\_\_

Office/Appointment/Employment held: \_\_\_\_\_

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 Expense Reimbursement, Honorarium, Ticket or Free Admission, or Meals and/or Beverages:**

***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: \_\_\_\_\_

Name of Person Representing the Corporation/Entity: \_\_\_\_\_

Work Address of Person Representing the Corporation/Entity: \_\_\_\_\_

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.)

TURN OVER TO CONTINUE

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 agenda or equivalent document.

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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.”

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SIGNATURE OF FILER 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

Please provide the following information about the person filing this report.

**This information will not be made public:**

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET TOWN/CITY ZIP

Mailing Address if different: \_\_\_\_\_

E-mail Address: \_\_\_\_\_