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OCT 17 2011
NEW HAMPSHIRE
SECRETARY OF STAT

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: ROBERT LAURIER THEBERGE (First / Middle / Last) Work Phone No. N/A

Work Address: N/A

Office/Appointment/Employment held: STATE REPRESENTATIVE

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____ (First / Middle / Last)

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: CATHOLICS for CHOICE

Name of Corporate/Entity Representative: SARA HUTCHINSON

Work Address of Representative: 1436 U ST. NW, SUITE 301, WASHINGTON, DC. 20009

Food and/or beverages consumed pursuant to RSA 15-B:6, II with **value over $25.00** ☐

Value of Honorarium: $550 Date Received: 9/16-17/2011 ***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

Value of Expense Reimbursement: 277.34 Date Received: 10/14/11 ***A copy of the agenda or an equivalent document must be attached to this filing.*** ☒ Exact ☐ Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Catholics in Public Life Workshop

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Robert L Theberge — Signature of Filer

October 15, 2011 — Date Filed

9/07

RSA 15-B:9 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 CHANGE THE BILLING ADDRESS ONLY TO:
P.O. Box 34781 Bethesda, MD 20827-0781

THEBERGE, ROBERT L.
PO Box 271
Berlin, NH 03570-0271

Paid By:
Catholics for Choice
P.O. BOX 34781
BETHESDA, MD 20827-0781
202-682-6300

Account No	Invoice Number / Expense Reimbursement	Invoice Date	Voucher #		Amount
	2011-09-28 277.39 USD	9/28/2011	13932838		$277.39
				Total:	$277.39

Catholics for Choice

P.O. BOX 34781
BETHESDA, MD 20827-0781
202-682-6300

Wells Fargo Bank, N.A.
255 2Nd Ave South, Minneapolis MN 55479
Branch: 139328382D

NO. 2380553

VOID 180 DAYS AFTER ISSUE 9600127055 56-382/412

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
12-Oct-11	2380553	$277.39

PAY
Two Hundred Seventy-Seven & 39/100**********

USD $ **277.39**

TO THE ORDER OF

THEBERGE, ROBERT L.
PO Box 271
Berlin, NH 03570-0271

Patrick W. Roche

Account: Expense Reimbursement
Invoice Number: 2011-09-28 277.39 USD

⑈2380553⑈ [redacted] [redacted]

AGENDA

VENUE: The Beacon Hotel **DATE: September 16- 17, 2011**

Friday, September 16, 2011

5:30 – 8:00 pm	**Hospitality Suite Reception** *Room #825*

Saturday, September 17, 2011

8:00 – 9:00 am	*Breakfast in the Beacon Overlook Room*
9:00 – 9:45 am	**Welcoming Remarks and Introductions**
9:45 – 10:30 am	**Values and Consequences**
10:30 – 10:45 am	*Coffee break*
10:45 – 11:15 am	**Presentation of Survey Results**
11:15am –12:30pm	**Panel Discussions**
12:30 – 1:30 pm	*Lunch in the Beacon Overlook Room*
1:30 – 2:30 pm	**Real-Life Scenarios**
2:30 – 2:45 pm	*Coffee break*
2:45 – 3:15 pm	**Draft Abortion Law**
3:15 – 3:30 pm	**Closing and Evaluation**
3:30 pm	*Meeting Close*

Catholics for Choice Staff Contact: Sara Hutchinson (202) 386 – 0876