

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Joseph D Thomas Work Phone No. \_\_\_\_\_  
First Middle Last

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

Office/Appointment/Employment held: Member of House of Representatives

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: ALEC \_\_\_\_\_  
First Middle Last

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

**RECEIVED**

**If source is a Corporation or other Entity:**

SEP 14 2011

Name of Corporation or Entity: \_\_\_\_\_

Name of Corporate/Entity Representative: \_\_\_\_\_

NEW HAMPSHIRE  
DEPARTMENT OF STATE

Work Address of Representative: \_\_\_\_\_

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

Value of Honorarium: 546.00 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

Value of Expense Reimbursement: 546.00 Date Received: \_\_\_\_\_ *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:

\_\_\_\_\_

"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."

Joseph D Thomas  
Signature of Filer

\_\_\_\_\_  
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

# AGENDA

## Thursday, April 28

Registration 1:00 p.m. - 5:30 p.m. Lobby

## Friday, April 29

Registration 7:00 am. - 3:00 p.m. 4th Floor  
ALEC Joint Board of Directors Meeting 7:15 a.m. - 12:15 p.m. Pavilion Ballroom

**Task Force Subcommittee Meetings** 8:00 a.m. - 11:30 a.m.  
*All Task Force members are welcome and encouraged to attend their Task Force's Subcommittee meetings*

Joint Energy-Environmental Health and Regulation Subcommittee 8:30 a.m. - 9:45 a.m. Mayflower 1, 2

Child Safety Subcommittee 9:00 a.m. - 10:00 a.m. Caprice 1, 4

Fiscal Policy Reform Working Group 9:15 a.m. - 10:45 a.m. Rookwood

Higher Education Subcommittee 9:30 a.m. - 10:30 a.m. Salon H, I

Agriculture Subcommittee 10:00 a.m. - 11:00 a.m. Mayflower 1, 2

K-12 Education Reform Subcommittee 10:30 a.m. - 11:00 a.m. Salon H, I

Workshop: Solutions for Real Budget and Pension Reform 11:00 a.m. - 12:15 p.m. Rookwood  
*All ALEC members are welcome to attend*

**Task Force Meetings** 12:30 p.m. - 5:00 p.m.  
*Task Forces will meet at 12:30 for a luncheon*

Civil Justice Caprice 2, 3

Commerce, Insurance and Economic Development Rosewood

Education Salon H, I

Energy, Environment and Agriculture Mayflower 1, 2

Health and Human Services Continental Room

Public Safety and Elections Caprice 1, 4

Tax and Fiscal Policy Rookwood

Telecommunications and Information Technology Lunch: Pavilion Ballroom  
Meeting: Hall of Mirrors

**Spring Task Force Summit Ohio Reception** 5:00 p.m. - 6:30 p.m. Pavilion Ballroom

Board of Directors Dinner  
*By invitation only* Orchid

# AMERICAN LEGISLATIVE EXCHANGE COUNCIL

## 2011 SPRING TASK FORCE SUMMIT REIMBURSEMENT FORM

Please submit your reimbursement form and receipts no later than **July 1st, 2011**.  
**Maximum of \$350 in travel expenses.**

Date submitted: MAY 10, 2011 Amount: \$ 546.<sup>00</sup>

Submitted by: JOSEPH D. THOMAS

- Full Task Force Member  
 Alternate Task Force Member  
 Reimbursement requires State Chair approval. No signature required if pre-approved.  
 State Chair Authorization: \_\_\_\_\_

**PLEASE CHECK TASK FORCE MEETING ATTENDED IN CINCINNATI:**

- | TASK FORCE   | DIRECTOR          |
|--|-------------------|
| <input type="checkbox"/> Civil Justice                                 | Amy KJose         |
| <input type="checkbox"/> Commerce, Insurance, and Economic Development | Courtney O'Brien  |
| <input type="checkbox"/> Education                                     | Dave Myslinski    |
| <input type="checkbox"/> Energy, Environment, and Agriculture          | Clinton Woods     |
| <input type="checkbox"/> Health and Human Services                     | Christie Herrera  |
| <input checked="" type="checkbox"/> Public Safety and Elections        | Courtney O'Brien  |
| <input checked="" type="checkbox"/> Tax and Fiscal Policy              | Jonathan Williams |
| <input type="checkbox"/> Telecommunications and Information Technology | John Stephenson   |

**CHECK TO:**  
 Name: JOSEPH D. THOMAS  
 Address: 5 SAND PIPER LANE  
 City: MEADIMACK State: MA Zip Code: 03054

Are receipts attached?  YES  NO If "NO," please explain: \_\_\_\_\_

\*Please attach a MapQuest-type route receipt if you are requesting reimbursement for mileage. ALEC reimburses at the current IRS rate of 51 cents per mile.

**Please Mail/Fax to:**  
 Stephanie Linn, Policy Coordinator  
 American Legislative Exchange Council  
 1101 Vermont Ave., NW, 11th Floor  
 Washington, D.C. 20005

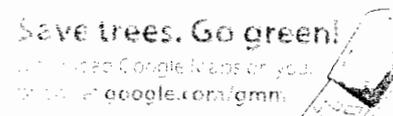
FAX: (202) 466-3801  
 Phone: (202) 466-3800

FOR OFFICE USE ONLY			
Department Manager _____	Date _____	Executive Director _____	Date _____
Account: _____		Sub-Account: _____	
Task Force Director/Comments: _____			





Directions to 5 Sandpiper Ln, Merrimack, NH 03054  
926 mi – about 15 hours 22 mins



**A** 35 W 5th St, Cincinnati, OH 45202

- 1. Head east on W 5th St toward Vine St**  
About 2 mins

go 0.5 mi  
total 0.5 mi
- 2. Take the ramp on the left to I-471 S/Newport Ky**  
About 1 min

go 0.3 mi  
total 0.8 mi
- 3. Merge onto I-71 N**  
About 1 hour 50 mins

go 105 mi  
total 105 mi
- 4. Merge onto I-70 E**  
About 2 mins

go 1.4 mi  
total 107 mi
- 5. Slight left onto I-71 N (signs for Cleveland)**  
About 1 hour 56 mins

go 113 mi  
total 219 mi
- 6. Take exit 220 to merge onto I-271 N toward Erie Pa**  
About 41 mins

go 40.3 mi  
total 260 mi
- 7. Merge onto I-90 E**  
Entering Pennsylvania  
About 1 hour 28 mins

go 91.3 mi  
total 351 mi
- 8. Take exit 37 to merge onto I-86 E/Southern Tier Expy toward Jamestown**  
Entering New York  
About 3 hours 53 mins

go 252 mi  
total 603 mi
- 9. Take the exit on the left onto I-81 N**  
About 2 mins

go 1.9 mi  
total 605 mi
- 10. Take the exit onto I-88 E toward Albany**  
Partial toll road  
About 1 hour 48 mins

go 117 mi  
total 722 mi
- 11. Take exit 1-25 to merge onto I-90 E toward Albany**  
Toll road  
About 11 mins

go 10.1 mi  
total 732 mi
- 12. Continue onto Governor Thomas E. Dewey Thruway/New York State Thruway (signs for I-87 S/New York/Boston)**  
Toll road  
About 1 min

go 1.0 mi  
total 733 mi
- 13. Continue onto I-87 S**  
Toll road  
About 14 mins

go 13.5 mi  
total 747 mi
- 14. Take exit 21A toward I-90 E/Mass Turnpike/Boston**  
Toll road  
About 1 min

go 1.1 mi  
total 748 mi
- 15. Merge onto New York 912M E/New York State Thruway Berkshire Connector**  
Toll road  
About 6 mins

go 6.3 mi  
total 754 mi
- 16. Continue onto I-90 E**  
Toll road  
Entering Massachusetts  
About 1 hour 49 mins

go 107 mi  
total 861 mi



SmartZone Communications Center

joedoreenthomas@comcast.net

Font size

**Event Confirmation**

**From :** meetings@alec.org

Fri Mar 25 2011 5:11:35 P

**Subject :** Event Confirmation

**To :** joedoreenthomas@comcast.net

**Spring Task Force Summit 2011**

**04/28/2011 - 04/29/2011**

**Cincinnati, OH**

**REGISTRATION CONFIRMATION**

Thank you for registering to attend the **Spring Task Force Summit 2011**.

Attendee: Joseph Thomas

Attendee ID: 121348

Title: New Hampshire Representative

Company: New Hampshire Legislature

Address: 5 Sandpiper Lane

Merrimack, NH 03054

This confirmation serves as your receipt of payment for event registration only.

If you also submitted a housing reservation request, you will receive a separate confirmation for your housing from res@tphousing.com.

**Registrant Class:** Legislative Non-Member

**Order Number:** 42517

**Order Date:** 03/25/2011

The following table lists your purchases:

<b>Event Description</b>	<b>Qty.</b>	<b>Event Price</b>	<b>Total Charges</b>
Full Attendee Registration	1	\$150.00	\$150.00
			<b>Order Total: \$150.00</b>

Here are the payments you have made thus far:

<b>Date</b>	<b>Credit Card Type</b>	<b>Charged to CC</b>	<b>Name on Card</b>	<b>Total</b>
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03/25/2011

\*\*\*\*\*1477

Joseph D. Thomas

\$150.00

**EVENT COORDINATORS:**

If there are any questions or changes to the above registration please contact:

Ngan T. Nguyen  
Legislative Study, Registration Account Specialist  
ALEC  
1101 Vermont Ave., NW, 11th Floor, Washington, DC 20005  
Direct: (202) 742-8538  
Fax: (202) 331-1344 Email: [meetings@alec.org](mailto:meetings@alec.org)

**EVENT NOTES:**

Registrations cancelled prior to 5:00 p.m. (EST) on March 23, 2011 are subject to a \$100 cancellation fee. Cancellation requests should be submitted in writing via email to [meetings@alec.org](mailto:meetings@alec.org) or fax to (202) 331-1344. Registrations are non-refundable after 5:00 p.m. (EST) March 23, 2011.

**EVENT ADDRESS:**

Hilton Cincinnati Netherland Plaza  
35 West Fifth Street  
Cincinnati, OH 45202

**EVENT REGISTRATION:**

We look forward to seeing you in Cincinnati, OH.



**Hilton**  
Cincinnati Netherland Plaza

35 West 5th Street • Cincinnati, OH 45202  
Phone (513) 421-9100 • Fax (513) 421-4291  
Reservations  
www.hilton.com or 1 800 HILTONS

Name & Address

THOMAS, JOSEPH  
1129 20TH STREET, NW  
SUITE 500  
WASHINGTON, DC 20036  
US

Room 636/D2D  
Arrival Date 4/28/2011 1:37:00PM  
Departure Date 4/30/2011

Adult/Child 1/0  
Room Rate

RATE PLAN C-ALE  
HH#  
AL  
BONUS AL CAR

Confirmation: 3420388892

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Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. \*I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. \*In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

Signature

T  
H  
A  
N  
K  
Y  
O  
U

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/28/2011	4531655	VALET PARKING 14251	\$23.00
4/29/2011	4533217	VALET PARKING 14251	\$23.00
		WILL BE SETTLED TO VS *7461	\$46.00
		EFFECTIVE BALANCE OF	\$0.00
ESTIMATED CURRENCY TOTAL			

**Zip-Out Check-Out®**

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your account, then stop by the Front Desk for an updated statement.
  - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	876578 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00