

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ROBERT LAURIER THEREGIE Work Phone No.
First Middle Last

Work Address:

Office/Appointment/Employment held: STATE REP. COOS DIST 4

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.

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: JON O'BRIEN

Work Address of Representative: 1436 U ST., NW, SUITE 301, D.C. 20009

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

Value of Honorarium: \$620 Date Received: 1/14/12 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: 310.81 Date Received: 2/4/12 A copy of the agenda or an equivalent document must be attached to this filing.

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

COMMUNICATIONS TRAINING

"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."

Signature of Filer: Robert Therberge

Date Filed: 2/4/12

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

RECEIVED

FEB 13 2012

NEW HAMPSHIRE SECRETARY OF STATE



***Catholics in Public Life Communications Training***  
**Making the Media Work for You**

**January 14 & 15, 2012**  
**Carlyle Suites Hotel, Washington, DC**

**Friday, January 13**

<b>5:30pm – 8:00pm</b>	Hospitality suite reception Suite 737
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**Saturday, January 14**

<b>8:15am</b>	Breakfast and meeting registration/orientation <i>Twist Dupont Restaurant</i> (located off the hotel lobby)
<b>9:00am</b>	Workshop begins <u>promptly</u> at 9am. Welcome and detailed review of agenda. Participant and coordinator introductions.
<b>9:55am</b>	Discussion of the pressing sexual and reproductive health and rights questions/issues in the states and the critical importance of being prepared.
<b>10:45am</b>	<i>Coffee break</i>
<b>11:00am</b>	The 11 Commandments of Good Communication
<b>12:30pm</b>	<i>Buffet lunch</i>
<b>1:30pm</b>	Tough questions regarding sexual and reproductive health and rights.
<b>2:30pm</b>	Audience interaction/reaction to tough questions.
<b>3:45pm</b>	<i>Coffee break</i>
<b>3:30pm</b>	Taking on one or two of the tough questions: What sort of template for good answers can we construct?
<b>4:30pm</b>	Wrap up comments to end the day's session
<b>5:00pm</b>	<i>Evening and dinner on your own.</i>



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**Sunday, January 15**

<b>8:15am</b>	Breakfast in the <i>Twist Dupont Restaurant</i> .
<b>9:00am</b>	Mock committee hearing to begin promptly at 9:00am.
<b>10:00am</b>	Playback and analysis
<b>10:30am</b>	<i>Coffee break</i>
<b>10:45am</b>	Mock public television talk show
<b>11:35am</b>	Playback and analysis
<b>12:15pm</b>	Closing remarks and evaluation Full-group meeting end
<b>12:30pm</b>	<i>Lunch</i> (Some participants will have lunch at the hotel and depart).
<b>1:30pm</b>	One-on-one camera interviews for participants who notify us in advance of their interest to participate.
<b>4:00pm</b>	Meeting/individuals session end

**Remittance Advice**

**FEBRUARY 02, 2012**

**Check Number: 2654244**

**USPS FIRST CLASS MAIL**

*Please change the Billing Address only to:*  
**P.O. Box 34781  
Bethesda, MD 20827-0781**

2654244  
THEBERGE, ROBERT L.  
PO BOX 271  
BERLIN, NH 03570-0271

**Paid by:**  
CATHOLICS FOR CHOICE  
PH: 202-986-6093  
1436 U STREET NW, SUITE 301  
WASHINGTON DC 20009-6093

**Invoice Number**

ACCOUNT NO: EXPENSE REIMBURSEMENT  
2012-01-24 310.65 USD

**Due Date**      **Anybill Ref#**      **Amount**  
01/24/2012      14293953      \$310.65

Total: \$310.65