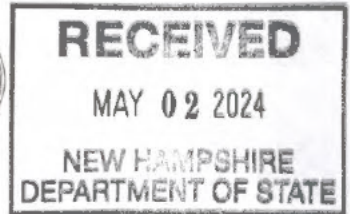


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Frances ELLEN Nutter-Upham Work Phone #: 603 889 8806
First Middle Last

Work Address: 3 Fulton St, Nashua, NH 03060

Office/Appointment/Employment held: State Legislator

Source of Expense Reimbursement, Honorarium, Ticket or Free Admission, or Meals and/or Beverages

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable expense reimbursement, honorarium, 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.

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: State Exchange on Public Servant Recruitment

Name of Person Representing the Corporation/Entity: Dexter Horne

Work Address of Person Representing the Corporation/Entity: Julie Stahl
The Council of State Governments
1776 Avenue of the States, Lexington KY 40511

I am reporting:

[X] An Expense Reimbursement with value over \$50.00. (For costs that are waived, forgiven, reduced, repaid, 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: 800 Date Received: Nov 2023 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.)

[ ] A Donation to a State or National Legislative Association Event. (Pursuant to RSA 14-C:2, IV(b)(15).)

TURN OVER TO CONTINUE

For a report relating to an Expense Reimbursement or Honorarium, 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.

We met 9-12-23 to 9-14-23

Provide a brief description of the service or event that gave rise to this Expense Reimbursement, Honorarium, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages.

5 states were invited to study together in Denver Co work force recruitment and retention.

**Source of a Donation to a State or National Legislative Association Event**

Provide an itemized report of all individuals, corporations, or other entities from whom you received a donation on behalf of a state or national legislative association event.

Full Name of Donator	Post Office Address	Value of Donation	Date Received	Name of Legislative Association
				

(Attach Additional Sheets if Necessary)

"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."

Francis E Nutt-Upham  
SIGNATURE OF FILER

May 3 2024  
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. Please provide the following information about the person filing this report.

This   
  
  
  
E-mail Address:   




Payee Name: \_\_\_\_\_

Mailing Address:   
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Business Purpose: Participant

Date	Transportation Description (Airfare, Taxi, Mileage, etc.)	Amount	Total
9-12-23 to 9-14-23	Travel stipend for 2023 State Exchange on Public Servant Recruitment at		\$800.00
CSG WILL PROVIDE AN \$800 TRAVEL STIPEND FOR TRANSPORTATION ASSISTANCE. PLEASE INCLUDE A COMPLETED W-9 FORM.			
<b>TOTAL</b>			\$800.00

**\*\*CSG USE ONLY\*\***

COST CENTER	TOTAL
	\$800.00
<b>Total</b>	<b>\$800.00</b>

APPROVED BY: \_\_\_\_\_  
 \_\_\_\_\_