STATE OF NEW HAMPSHIRE

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



RECEIVED

NOV 3 0 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:			 	
Name: Frances E Middle Work Address: 107 N Main St Office/Appointment/Employment held: State	ttecol 106		1 2 2 2 2 4	ന്ത്രം ദ
First Middle	Last	<u>w.m</u> Work	Phone No.: 603 321	8808
Work Address: 107 N. Main St	Concord	VIH-	03301-LOB -	
Office/Appointment/Employment held: State	Ren 1	tills born	12 23 205	
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reportable honorarium, expense reimbursemen event, or meals or beverages consumed at a business, with a value greater than \$50.	tion, and princip t, ticket or free a meeting or eve	pal place of bushedmission to a cent, the purpos	siness, if any, of the source political, charitable, or cen se of which is to discuss	e of any emonial official
Source of Expense Reimbursement, Honorari	um, 11cket or F	ree Admission	, or Meals and/or Beverag	es:
If the source is an Individual:				
Name of Source: First	Middle			
Post Office Address:		La		
Occupation: Principal Place of Business:				
Principal Place of Business:				
If the source in C				-
If the source is a Corporation or other Entity: Name of Corporation or Entity: _\Omega_Omega_Entity Name of Person Representing the Corporation (F. 4)	. /		1	
Name of Corporation or Entity:Women	in Gove	rnmen	†	
tropicsenting the Corporation/Entity	/:			 .
Work Address of Person Representing the Corporation I am reporting:	on/Entity: <u>444</u> Su	North C	apital Street 1	IW
I am reporting:	Wa	shington	DC 20001	
prepaid, or reimbursed by a third party (other	over \$50.00. (I	For costs that ral Court) for	are waived, forgiven, rec	duced,
Value of Expense Reimbursement: provide an estimate of the value of the gift or honorarium.	Date Received and identify the ve	ived: Ol / ¿ uue as an estima	入 <u>り入り</u> If exact value is unk te. 又Exact 」Estima	nown, te
An <u>Honorarium</u> with value over \$50.00. (For article or other document, service as a consultant or activities related to legislative matters, pursuant to it	RSA 14-C:2, V.)	cipation in a di	scussion group or similar	
Value of Honorarium: Date R	eceived:	ī	f exact value is	
Value of Honorarium: Date R estimate of the value of the gift or honorarium and identify	the value as an esti	mate.	Exact ☐ Estimate	ide an
☐ A ticket or free admission to a political, chari RSA 14-C:4, I.)				
☐ Meals and/or beverages consumed at a meeting value over \$50.00. (Pursuant to RSA 14-C:4. II.)	or event the pur	pose of which i	s to discuss official business	with

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.
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: As a new logislator I was invited to attend this conference about health care, and woman specific issues in washing the with other women from most other us states. "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." 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 107 North Main Street, 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: 603 889 8806 Home Address: 3 Fulton St Nashua NH 03060 TOWN/CITY Mailing Address if different: E-mail Address: fran. Nutter Uphan@leg. State.nh.us
E-mail Address: + ran, Nutter Upram w