

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: LINN A OPDERBECKE Work Phone No. 603 502 4788
First Middle Last

Home Address: 10 Pearson Dr. Dover NH 03820

Office/Appointment/Employment held: Representative Strafford Dist 15

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: ~~State~~ State Innovative Exchange

Name of Corporate/Entity Representative: _____

Work Address of Representative: Denver, Colorado

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 _____

Value of Expense Reimbursement: 1500 Date Received: 11/1/17 A copy of the agenda or an equivalent document must be attached to this filing. Exact _____ Estimate X (See Attached)

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

Attendance at State Innovative Exchange Conference
WASHINGTON DC Oct 8-10 2017

"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."

L. A. Opderbecke
Signature of Filer

12/12/2017
Date Filed

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



STATE INNOVATION EXCHANGE

2017 State Innovation Exchange Legislator Conference

Legislators eligible for \$400.00 scholarship

Washington, DC. - Omni Shoreham Hotel

October 8th -10th, 2017

EXPENSE REPORT

Hotel Expenses

\$502.82 (total for two nights)

Travel Cost

\$400 .00 maximum allowance **

Actual
282

Event and Food Costs

\$717.85 (total for three days)

Sunday, October 8th \$128.46

Monday, October 9th \$406.10

Tuesday, October 10th \$183.29

Full Conference Cost

\$ 1,620.67 ‡

Actual
1502.67

‡ This sum reflects the total the State Innovation Exchange spent for attendees that participated in the full conference, utilized two nights of hotel accommodations, and used the full amount of funds offered for travel.

*The State Innovation Exchange provided hotel for the evenings of Sunday, October 8th and Monday October 9th. Attendees were responsible for covering accommodations for additional evenings.

The cost per night was \$251.41 (\$219.00 + \$32.41 tax)

**The State Innovation Exchange offered to provide up to \$400.00 in travel coverage for attendees that registered following the August 18th pre-registration deadline. However, many attendees did not use the full amount of funds. Actual 282

For inquiries, please contact Arriana Belkin at arriana@stateinnovation.org.