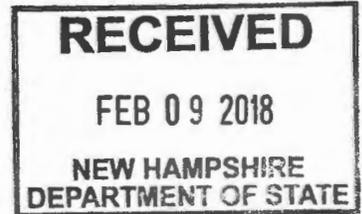


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Jean M. Mitchell Work Phone No.: (603) 271-2785
First Middle Last

Work Address: State House, Room 102 Concord, New Hampshire

Office/Appointment/Employment held: Legislative Budget Assistant, Audit Division

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

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

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: New Hampshire General Court

Name of Person Representing the Corporation/Entity: Joyce Phinney

Work Address of Person Representing the Corporation/Entity: State House Concord, New Hampshire

I am reporting:

- A ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00.
- Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00.
- An Honorarium with value over \$50.00.

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

An Expense Reimbursement with value over \$50.00.

Value of Expense Reimbursement: \$150.00 Date Received: 2/9/18 *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

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.

See receipt of payment attached and agenda.

TURN OVER TO CONTINUE

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:

Boston AGA Winter Seminar Replay Webcast - Internal
Controls / Risk Management for Governmental Auditors.

"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."

Jean Mitchell 2/8/18
SIGNATURE OF FILER 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, State House Room 204, Concord, NH 03301

[REDACTED]

STATE OF NEW HAMPSHIRE

Inter-Office Memo

DATE January 26, 2017

To: Steve Smith, Director of Audits

From: Jean Mitchell, Senior Audit Manager *JM*

SUBJECT: CPE Reimbursement Request

On January 25, 2017 I attended a 7 hour webcast replay of a CPE course sponsored by the AGA Boston Chapter titled, "Internal Controls/Risk Management for Governmental Auditors", and am seeking reimbursement for the cost. The invoice, showing a \$150.00 cost that I paid for using my personal credit card, is attached. I have submitted my CPE input form and the CPE certificate to April for incorporation into the Office's CPE records.

Thank you for your consideration.

Mitchell, Jean

From: support@ce21.com
Sent: Wednesday, January 24, 2018 8:56 AM
To: Mitchell, Jean
Subject: Your Order Confirmation for AGA Boston Chapter



Jean Mitchell,

Please keep this email for your records.

Transaction Date: 01/24/2018
Order ID: 413151
Payment Method: Credit Card

Billing Name: Jean Mitchell
Billing Address
115 Wellesley Street
Manchester New Hampshire United States 03104

Purchased Items

Item	Media Type	Qty	Price	Total
INTERNAL CONTROLS/RISK MANAGEMENT FOR GOVERNMENTAL AUDITORS 01/25/2018 08:45 AM (EST) Registrant(s): Jean Mitchell (jean.mitchell@leg.state.nh.us)	Webcast Replay	1	\$150.00	\$150.00
Additional Discount :				\$0.00
Sub total :				\$150.00
Shipping :				\$0.00
Tax :				\$0.00
(All Prices are shown in USD) Order Total :				\$150.00
CC-Visa ending in 4443 :				\$150.00
Balance Due :				\$0.00

Session Agenda

- Background and Overview of OMB Circular A-123
- Establishing Enterprise Risk Management In Management Practices
- Establishing And Operating An Effective System Of Internal Control
- Assessing Internal Control
- Correcting Internal Control Deficiencies
- Reporting on Internal Control
- Appendix A (time permitting)

