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NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

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

Type or Print all Information Clearly:

Name: Lee Walker Oxenham Work Phone No.: 603-727-9368
Work Address: 203, Concord, NH 03301
Office/Appointment/Employment held: State Representative

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: NCEL Jett Mark
Post Office Address: 1228 1/2 31st St, NW, Wash. DC. 20007
Occupation: Executive Director, NCEL
Principal Place of Business: Same

If the source is a Corporation or other Entity:

Name of Corporation or Entity: National Council of Environmental Legislators
Name of Person Representing the Corporation/Entity: Jett Mark
Work Address of Person Representing the Corporation/Entity: Same as above

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: \$5200 Date Received: Still Pending 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.

TURN OVER TO CONTINUE

Carbon Pricing Meeting Agenda

Massachusetts State House Room 428 | Monday, November 20th | 12 PM - 4:00 PM

12:00 PM - 12:30 PM

- Working lunch and each state provides an update on the status and planning of their bills
- Presentation by Connie Roser-Renouf on carbon pricing communications

12:30 PM - 2:00 PM

Legislative strategy and 2018 planning

- Strategic discussion about the most effective talking points the group would like to highlight in shared messaging.
- Identify a date for joint bill drop and/or press conferences
- Discuss timeline and strategy for op-eds (authors, outlets, etc.)
- Identify additional support the team would like from NCEL
- Coordinate strategic objectives and “asks” for meeting with advocates

2:00 PM - 2:15 PM

Break, advocates arrive

2:15 PM - 4:00 PM

Coordination between legislators and advocates

- Legislators present plans and identify specific needs from advocates
- Advocates ask questions and identify how to best support legislators
- All attendees collaborate on next steps to maximize impact on a joint media day

NCEL 2017 Carbon Pricing Meeting Reimbursement Form

This form should be used for all expense reimbursements and contractual stipends associated with travel to and from the November 20, 2017 Carbon Pricing Meeting in Boston. Please note the following guidelines:

- **Form is due within one month of expenditures.**
- Attach all receipts, and ensure that dates, locations, and name of traveler are visible in airline receipts.
- Stipend requests should be submitted separately from reimbursement requests.
- Mileage requests should be based on the 2017 IRS rate of 53.5 cents per mile.

Submit completed requests to:

Jeff Mauk, NCEL Executive Director
1228 1/2 31st NW, Suite 110
Washington DC, 20007
e: info@ncel.net | p: 202.744.1006

Type of Expense: Bus

Date of Invoice: 11/20/2017 - Same day, Round trip

Name: Lee Oxenlar

Address for Check: 92 Methodist Hill Rd.

City, State, Zip: Plainfield, NH 03981

Contact Phone and email: 603-727-9368

Type of Expense	Date(s)	Amount
<u>Bus fare</u>	<u>11/20/2017</u>	<u>57.66</u>
Total Amount Requested: \$		<u>57.66</u>

Lee Oxenlar 12/17/17 _____ _____
Signature Date Approval Date

[For internal use only] Account to Charge: _____