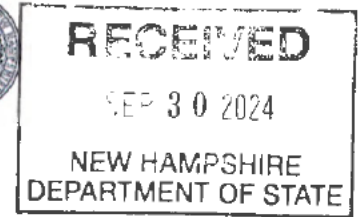


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: James Kofalt Work Phone #: 6037692130

First Middle Last

Work Address: 107 Eastview Dr. Wilton NH 03086

Office/Appointment/Employment held: State Representative

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: The Council of State Governments

Name of Person Representing the Corporation/Entity: Lorna Patches

Work Address of Person Representing the Corporation/Entity: 1776 Ave of the States, Lexington, KY 40511

I am reporting:

An Expense Reimbursement with value over \$50.00. (For costs that are waived, forgiven, reduced, prepaid, 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: 1915 Date Received: 9/10/2024 *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.

See attached information on the Toll Fellowship program.

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.

The Toll Fellowship is a leadership development program for state government officials for 48 of the nation's top officials from all three branches of state government.

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."

[Handwritten signature in red ink]

SIGNATURE OF FILER

9/26/24

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 information will not be made public:

Home Phone: [Redacted]
[Redacted]
[Redacted]
[Redacted]

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301



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The Toll Fellowship, named for CSG founder Henry Wolcott Toll, is one of the nation's premier leadership development programs for state government officials. Each year, the Toll Fellowship brings 48 of the nation's top officials from all three branches of state government to Lexington, Kentucky, for an intensive five-day, "leadership boot camp." The program's sessions are designed to stimulate personal assessment and growth while providing priceless networking and relationship-building opportunities.

Please note: The Henry Toll Fellowship is an intense leadership boot camp and not a traditional professional development/policy program. This experience challenges participants to move out of their comfort zones and take an introspective look at how they view themselves as leaders. Participants will engage in active, rigorous activity – both physically and mentally. Participants will not have any downtime.

Who Should Apply?

Program Dates

Who can I contact with questions?

The Toll Fellows Program targets outstanding rising state government officials from all three branches of service. Elected, appointed and merit officials may all apply. Toll Fellows is designed as a "graduate" level program complementing leadership development programs offered by CSG regional offices. It is, therefore, suggested but not required that applicants first complete their respective regional program.



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