

RECEIVED

NOV 02 2017

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: Pamela S GORDON Work Phone No.: 603-219-8398

Work Address: 215 Washington Street Portsmouth, NH 03801

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: STATE INNOVATION Exchange (SIX)

Post Office Address: 1120 Lincoln Street, Suite 905, Denver, CO 80203

Occupation: Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: Name of Person Representing the Corporation/Entity: NICK RATHOD, Executive Director

- I am reporting: Air fare, Hotel accommodations. 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: \$460 Date Received: Anticipated By 11/30/17 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

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:

Conference of Democratic State Legislators

"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."

James Gudo

SIGNATURE OF FILER

11-1-17

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

PL
T
H
H
M
E-