

STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Rosen A BAEKUS ^{HOME} Work Phone No.: 2320525
First Middle Last

Work Address: _____

Office/Appointment/Employment held: _____

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: EVERSOURCE
First COMMERCIAL Middle STAFF Last

Post Office Address: 80 ENERGY PARK MANCHESTER, N.H.

Occupation: UTILITY

Principal Place of Business: ENERGY PARK, MANCHESTER

If the source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Person Representing the Corporation/Entity: DONNA GAMANCITE

Work Address of Person Representing the Corporation/Entity: _____

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.

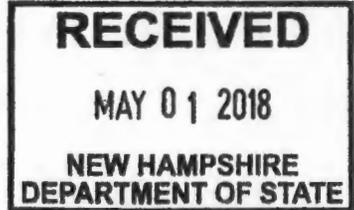
Value of Honorarium: \$125 Date Received: 4/19/18 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. Exact Estimate

- An Expense Reimbursement with value over \$50.00.

Value of Expense Reimbursement: _____ 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

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.

CHAMBER OF COMMERCE DINNER AND AWARDS
MANCHESTER CITIZEN OF THE YEAR



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:

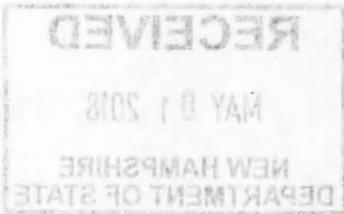
ADMISSION TO A CHARITABLE +
CELEBRITY EVENT

"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."

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



Please provide the following information about the person filing this report.

This information will not be made public:

Home Phone: _____

Home Address: _____
STREET TOWN/CITY ZIP

Mailing Address if different: _____

E-mail Address: _____