

STATE OF NEW HAMPSHIRE

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



RECEIVED
JUN 19 2024
NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: WILLIAM M GANNON Work Phone #: 603-401-7127
Work Address: PO Box-71, 32 Beechwood Road Sandown NH
Office/Appointment/Employment held: STATE SENATOR 12-23 03873

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: WILLIAM M GANNON
Post Office Address: PO Box-71 Sandown NH 03873
Occupation: ATTORNEY
Principal Place of Business: SANDOWN NH

If the source is a Corporation or other Entity:

Name of Corporation or Entity: N-COIL
Name of Person Representing the Corporation/Entity: TOM OLIVERSON
Work Address of Person Representing the Corporation/Entity: 616 5016 Ave Unit #106
Belmar, NJ 07719

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: 1500.00 Date Received: 5-10-24 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] 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.

Went to all sessions Thursday, Friday & Saturday
INSURANCE legislative offices, ~~com~~ celebratory ~~with~~ ~~cost~~
~~legal~~ ~~cost~~ ~~on~~ ~~premiums~~, ~~whether~~ ~~cost~~ ~~on~~ ~~premiums~~
~~13~~ ~~hours~~ ~~cost~~ ~~on~~ ~~premiums~~, ~~drivers~~ ~~cost~~ ~~on~~ ~~premiums~~ + ~~how~~ ~~legislative~~ ~~help~~

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.

registration fee \$347. LYFT/UBER - 93.25 total 3 rides
airfare 376.73
room charge 931.68

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."

William Hammon
SIGNATURE OF FILER
06/19/24
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 _____

NCOIL OFFICERS

NCOIL SPRING MEETING, NASHVILLE, TN



Rep. Tom Oliverson, M.D., (TX)
NCOIL President

Dr. Tom Oliverson represents Texas' 130th State House District in northwest Harris County, including the communities of Tomball, Cypress, Waller, and Hockley. He was selected by Speaker Phelan to Chair the Committee

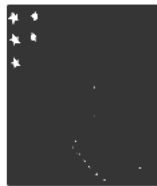
on House Insurance, and also serves on the Public Health and House Administration committees. Additionally, Dr. Oliverson was selected to be the Vice-Chair of the House Republican Caucus.

His first session culminated with him being chosen by his Republican colleagues as "Best Freshman Legislator" of the 85th legislative session. In his second session, he was named by Texas Monthly as one of the "best legislators of the 86th session". Dr. Oliverson has authored legislation on a diverse set of issues including: healthcare, education, local government, religious freedoms, the 2nd amendment and protecting the unborn.

Dr. Oliverson is active with the National Council of Insurance Legislators (NCOIL), where he serves as its President. He is also active with the National Association of Christian Lawmakers where he is the Chair of the National Legislative Council. Dr. Oliverson serves on multiple healthcare taskforces including the Texas Conservative Coalition, American Legislative Exchange Council, and National Conference of State Legislatures.

In his professional career, Dr. Oliverson is a board-certified anesthesiologist and partner at US Anesthesia Partners, the largest anesthesia group in Texas.

He and his wife Jennifer live in Cypress with their three children.



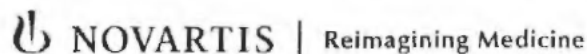
Asw. Pamela Hunter, (NY)
NCOIL Vice President

Pamela J. Hunter grew up in Upstate New York and served in the United States Army, where she was later honorably discharged with a commendation medal and two achievement medals. After her military service, Pamela

received a bachelor's degree in business administration from Strayer College in Washington D.C., with concentrations in human resources and computer information systems. She also has a professional certification in human resources. Assemblymember Hunter represents the 128th Assembly District, one of the most diverse districts in the state, which includes urban, suburban, and rural areas, as well as the Onondaga Nation. The district encompasses the southern, near west, and eastern portions of the City of Syracuse and the

NCOIL CORPORATE AND

CHAIRMAN'S COUNCIL CIP



PARKSTRATEGIES, LLC



Make Check Payable To:
Address:

William GANNON
PO BOX-71
SANDOWN NH 03873

MAIL TO: NCOIL
616 Fifth Avenue Unit 106
Belmar NJ 07719
732-201-4133

Reimbursement Will Not Exceed \$1,500, including registration fee, reasonable travel, hotel and meal expenses.
Reimbursement is contingent upon appropriate documentation of expenses and meeting participation.

STIPEND REIMBURSEMENT FORM

LEGISLATOR: <u>SENATOR - BILL GANNON NH</u>		NCOIL LEGISLATOR STIPEND EXPENSE REPORT					
		(To receive reimbursement, you must submit original form/receipts)					
Date	<u>04-22-2024</u>						TOTAL
Travel Destination:							
Purpose of Trip:							
Ground	Mileage						
Transportation	Parking	<u>22</u>	<u>33.89</u>	<u>37.36</u>			
	Taxi/Subway/Rail						
	Tips/Baggage						
Airfare (1)	Airfare	<u>225.00</u>	<u>151.50</u>				
	Tips/Baggage						
Host Hotel (2) (max 4 nights)	Room Charge	<u>931.68</u>					
	Tips/Baggage						
Meals (3)	Breakfast (max \$30)						
	Lunch (max \$30)						
	Dinner (max \$75)						
Daily Totals							

I certify that these travel expenses were incurred by me in the transaction of authorized NCOIL business.

Senator William Gannoy Exp 20-24

ACCOUNTING DISTRIBUTION			
Legislator's Signature	Date	Amount	Date
NCOIL CEO's Signature	Date		
Accounting	Date		

TOTAL STIPEND FUNDS	<u>\$1,500.00</u>
TOTAL REGISTRATION FEE	<u>\$347.00</u>
REMAINING STIPEND FUNDS	<u>\$1,153.00</u>
REQUESTED REIMBURSEMENT	<u>1153.00</u>
(expenses outside of the registration fee are not to exceed \$1,153.00)	

***TOTAL AMOUNT OF REASONABLE REIMBURSED EXPENSES WILL NOT EXCEED \$1,500.
RECEIPTS MUST BE ACCOMPANIED WITH SIGNED ORIGINAL FORM IN ORDER TO PROCESS REIMBURSEMENT.**

- (1) Please purchase tickets at least 21 days in advance of the flight to secure an economical fare. Legislators are responsible for any upgrades.
- (2) NCOIL will reimburse up to a 4-night stay, however, such total shall not exceed the \$1,500 limit when added to other incurred reimbursable expenses.
- (3) NCOIL will follow the meal reimbursement referred to in the attached Guidelines, but original receipts are required, and will not reimburse for tips in excess of 20%.
- (4) NCOIL will not reimburse for phone, internet or spa expenses, or a meal if that meal was provided free of charge as part of the conference (ex. keynote luncheons).

NCOIL will not reimburse expense requests submitted 30 days after event, per reimbursement guidelines.