

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Charles W Morse Work Phone No. 603 271-8472

Work Address: 107 N. Main Street, Concord, NH 03301

Office/Appointment/Employment held: NH Senate - Senate President

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement.

Source of Honorarium or Expense Reimbursement:

Name of source: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

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SEP 15 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Republican State Legislature Committee (RLCC)

Name of Corporate/Entity Representative: Adhonne Thompson

Work Address of Representative: 1201 S Street Northwest, Suite 675, Washington D.C. 20004

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: \$697 Date Received: 8-15-16 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

This was a gathering of elected officials from numerous states holding leadership positions in their respective legislatures.

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer: Charles W. Morse

Date Filed: Sept. 15 2016