

STATE OF NEW HAMPSHIRE

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



RECEIVED

SEP 20 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: John Joseph Fothergill Work Phone No.: 603 915 1220
First Middle Last

Work Address: 37 Colby St Colebrook, NH 03576

Office/Appointment/Employment held: State Representative Class 1

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:
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: NCLS, Cambridge MA

Name of Person Representing the Corporation/Entity:

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. Registration to Attend Meeting
Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00. Breakfast + Lunches During the meeting
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. room for 2 nights

Value of Expense Reimbursement: ~ 130.00 for mileage 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.

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:

NCLS spring meeting in Cambridge, Mass April 28, 29, 30  
Topic - Health Care  
Regional meeting serving area east of Mississippi River (Approx)

"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."

John Fothergill 9/18/2017  
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: \_\_\_\_\_