

STATE OF NEW HAMPSHIRE

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



RECEIVED

OCT 11 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: Frank V Sapareo Work Phone No.: 603 894-4864
Work Address: 14 Oxbow Lane Derry NH 03028
Office/Appointment/Employment held: State Rep

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: ED Choice
Post Office Address: 111 Monument Circle Suite 2650 Indianapolis IN
Occupation:
Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: ED Choice
Name of Person Representing the Corporation/Entity: Ken Hunter ED CHOICE.ORG
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: 699.73 Date Received: 10/10/17 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

[X] 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.

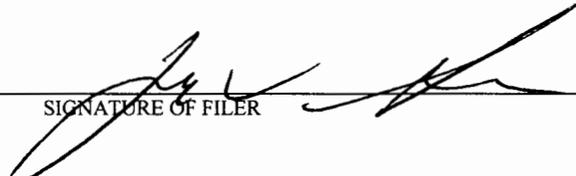
See agenda attached to form filed on Oct 3 2017

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:

Choice in Education Learning experience

"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."

 10/11/12
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: _____