

STATE OF NEW HAMPSHIRE

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



RECEIVED
MAY 07 2024
NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: Wendy Ellen N Thomas Work Phone #: 603.494.3857
First Middle Last
Work Address: 10 Wildcat Falls, Merrimack NH 03054
Office/Appointment/Employment held: Stat Legislator

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: _____
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: State Exchange on Public Servant Recruitment
Name of Person Representing the Corporation/Entity: Dexter Horne
Work Address of Person Representing the Corporation/Entity: The Council of State Governments
1776 Ave of the States, Lexington KY
40511

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: \$ 800 Date Received: NOV 2023 *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 **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).)

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.

Diversity in hiring practices

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.

Update + collaboration with state legislators + department heads on diversity in reg recruitment

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."

[Signature]
SIGNATURE OF FILER

5-2-24
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 information will not be made public:

Home Phone: [Redacted]
[Redacted]
[Redacted]

E-mail Address: [Redacted]