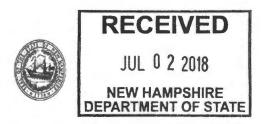
STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name:	Mark			Manganiello	Work Phone No.: (603) 271-2785				
	Firs	t Middle		Last					
Work A	ddress:	State House. Room 102	Concord, N	ew Hampshire					
Office/Appointment/Employment held: Legislative Budget Assistant, Audit Division									

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	t Office Address:			
Occ	upation:			
Prin	cipal Place of Busine	ss:		
If th	he source is a Corpo	oration or othe	r Entity:	
Nan	ne of Corporation or H	Entity: <u>New Ha</u>	mpshire General Court	
Nan	ne of Person Represer	ting the Corpora	tion/Entity: Joyce Phinney	
Woi	rk Address of Person	Representing the	Corporation/Entity: State Hous	e Concord, New Hampshire
I an		ages consumed	pursuant to RSA 14-C:4, I with v pursuant to RSA 14-C:4, II with 50.00.	
Valı estin	ue of Honorarium:	gift or honorarium	Date Received: and identify the value as an estimate.	If exact value is unknown, provide an ExactEstimate
X	An Expense Reim	bursement with	value over \$50.00.	i la lus
Valı prov	ue of Expense Reimb vide an estimate of the v	ursement: value of the gift or	\$68.18 Date Received: honorarium and identify the value a	<u>6/28/18</u> If exact value is unknown, s an estimate. Exact Estimate
	· •		-	you are required to attach a copy of the

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:

ease, parking, and talls Reinbursement for traveling Dover, NH to Lowell, MA.

"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."

6/29/18 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

