

**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  
                    First                    Middle                    Last  
Work Address: State House, Room 102 Concord, New 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 Office Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Principal Place of Business: \_\_\_\_\_

**If the source is a Corporation or other Entity:**

Name of Corporation or Entity: New Hampshire General Court  
Name of Person Representing the Corporation/Entity: Joyce Phinney  
Work Address of Person Representing the Corporation/Entity: State House Concord, New Hampshire

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: \_\_\_\_\_ 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.

Value of Expense Reimbursement: \$68.18 Date Received: 6/28/18 *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:

Mileage, parking, and tolls reimbursement for traveling from 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."

*Mark Mignuolo*  
SIGNATURE OF FILER

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

[REDACTED]

03820