

RECEIVED

SEP 12 2017

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C)

For Legislators and Legislative Employees

Type or Print all Information Clearly:

Name: ROBERT A. BAEKUC Work Phone No.: 687272

Work Address:

Office/Appointment/Employment held:

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: NATIONAL CAUCUS OF STATE LEGISLATORS (NCEC)

Post Office Address: 1228 1/2 31st St NW Suite 110, Wash DC

Occupation: 2007

Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Person Representing the Corporation/Entity: JANA BERRY

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. \$748 FOR MEALS

An Honorarium with value over \$50.00. \$350.09 MEALS

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: 990 Date Received: 9/16/12 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

