

STATE OF NEW HAMPSHIRE

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



RECEIVED
SEP 28 2021
NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: BOB JOSEPH GREENE Work Phone #: 603-886-3929
Work Address: 11 CAMPBELL ST, HUDSON NH 03051
Office/Appointment/Employment held: STATE REPRESENTATIVE

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: CORP
Name of Source: HAZLITT COALITION
Post Office Address: 500 N CAPITAL OF TEXAS HIGHWAY, BLDG 5, STE 100, AUSTIN TX 78746
Occupation: EDUCATION CHARITABLE ORGANIZATION
Principal Place of Business: SAME

If the source is a Corporation or other Entity:
Name of Corporation or Entity:
Name of Person Representing the Corporation/Entity: LAUREN DAUGHERTY
Work Address of Person Representing the Corporation/Entity: SAME

I am reporting:
[X] 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: \$786.00 (HOTEL & MEALS ONLY) Date Received: 23 AUG 2021 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).)

TURN OVER TO CONTINUE

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.

AGENDA ON FILE W/ SOS

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.

NATIONAL CONFERENCE TO EXCHANGE INFORMATION

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."

Bob Dreno

SIGNATURE OF FILER

28 SEP 2021

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: _____

Home Address: _____
STREET TOWN/CITY ZIP

Mailing Address if different: _____

E-mail Address: _____

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301