STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: _	ame: <u>Ruberto R.</u> First Middle		R.		Rei	ina v	Vork Phone No.: (6	03)271-	271-2785	
				Last)					
Work Ac	dress:	State	House,	Room	102	Cor	icurd, NH			
			,	Legislat		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 Busi	ness:	· · · · · · · · · · · · · · · · · · ·		
If the source is a Co	rporation or otl	er Entity:		
Name of Corporation of	r Entity:N	H General (ou	rt	
Name of Person Repres	senting the Corpo	pration/Entity: Joyce	Phinney	•
Work Address of Perso	n Representing t	he Corporation/Entity:	te House Cor	ncord, NH
I am reporting:				RECEIVED
A ticket or free a	dmission receive	d pursuant to RSA 14-C:4, I w	ith value over \$50.00.	SEP 29 2017
Meals and/or bev	erages consume	d pursuant to RSA 14-C:4, II w	vith value over \$50.00.	NEW HAMPSHIRE
An Honorarium	with value over	\$50.00.		DEPARTMENT OF STATE
Value of Honorarium: estimate of the value of th		Date Received: Date Received:		is unknown, provide an mate
An Expense Rei	mbursement wi	th value over \$50.00.		
Value of Expense Rein provide an estimate of the	bursement:	B46 Date Receiver the prevention of the preven	ved: <u>9/12/17</u> If ex lue as an estimate. [•] AExac	<i>tact value is unknown,</i> t □Estimate
agenda or an equivale	ent document w below the nam	um or expense reimburseme hich addresses the subjects ac es of the sponsors of activitie	dressed and the time sche	dule of all activities
			······································	·

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:

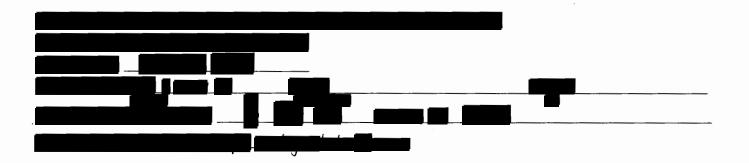
Registered for Accounting 10/c for the purpose of continuing education and professional development.

"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."

9/28/17 DATE FILED SIGNATURE OF FILER

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



12/16)

NHTI-Concord's Community College ACCOUNTING I - ACCT 101C - Term Credits: 3

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Course Dates & Time:	Tuesdays August 30, 2017 – December 13, 2017. 5:30pm-8
Catalog Description:	An introduction to accounting procedures and principles covering the accounting cycle, accounting for a merchandising business, special journals, control over cash and receivables.
Course Objective:	To develop within the student ability to record, classify, summarize and interpret financial information. Stress will be placed on recording information using the journal and the preparation of financial statements.