

STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Roberto R. Reyna Work Phone No.: (603) 271-2785
First Middle Last

Work Address: State House, Room 102 Concord, NH

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: NH General Court

Name of Person Representing the Corporation/Entity: Joyce Phinney

Work Address of Person Representing the Corporation/Entity: State House Concord, NH

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.

RECEIVED

SEP 29 2017

NEW HAMPSHIRE
DEPARTMENT OF STATE

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: \$846 Date Received: 9/12/17 *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:

Registered for Accounting 101c 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."


SIGNATURE OF FILER

9/28/17
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]

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

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.