

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: DAVID P. MANNING Work Phone No. 271-5293
First Middle Last

Work Address: Rm. 312, State House

Office/Appointment/Employment held: House Chief of Staff

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

RECEIVED

Post Office Address: _____

NOV 30 2009

Occupation: _____

NEW HAMPSHIRE
DEPARTMENT OF STATE

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Legislative Leaders Foundation

Name of Corporate/Entity Representative: Stephen G. Lukis, President

Work Address of Representative: 1645 Palmett Rd. Centerville, NH. 02632

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

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

Value of Expense Reimbursement: 4,226.00 Date Received: For Oct. 21-25, 2009 A copy of the agenda or an equivalent document must be attached to this filing. Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
2009 National Speakers Conference

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Signature]
Signature of Filer

11/30/09
Date Filed

9/07
RSA 15-B:9 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



2009 National Speakers Conference
Sea Island, Georgia
October 21 – 25, 2009

Draft Schedule

Wednesday, October 21, 2009

After 4:00 pm	Check-in The Cloister 100 Cloister Drive Sea Island, GA 31561 (www.seaisland.com) Phone (912) 638-3611 or (800) 732-4752 For a Sea Island pocket guide go to: www.mydigitalpublication.com/publication/?i=6433
Noon – 6:00 pm	NSC Registration and Information Desk
Noon – 1:00 am	Hospitality
4:00 – 5:00 pm	NSC Executive Committee Meeting (<i>Executive Committee members only</i>)
5:30 – 7:30 pm	Opening Reception The Cloister (Beach Club)

Thursday, October 22, 2009

7:00 am – 6:00 pm	NSC Registration and Information Desk
7:00 – 9:00 am	Breakfast Buffet The Cloister
TBA	Spouses Tour
9:00 am – Noon	Plenary Sessions
Noon – 1:15 pm	Program Luncheon
1:30 – 4:00 pm	Speakers Session (<i>sitting Speakers only</i>)

1:30 – 4:00 pm	Chiefs of Staff Session
6:30 – 9:30 pm	Beach Reception, Dinner and Entertainment
TBA	Hospitality

Friday, October 23, 2009

7:00 am – 6:00 pm	NSC Registration and Information Desk
7:00 – 9:00 am	Breakfast Buffet
9:00 am – Noon	Program Sessions
TBA	Spouses Tour
afternoon	Free time/optional activities
6:00 – 9:00 pm	Reception and dinner Cloister Ballroom
TBA	Hospitality

Saturday, October 24, 2009

7:00 am – 1:00 pm	NSC Registration and Information Desk
7:30 – 9:30 am	Breakfast Buffet
8:30 am	NSC Golf at Seaside (shotgun start)
followed by	Golfers lunch and prizes
9:00 am – 1:00 pm	Optional Activities

Sunday, October 25, 2009

Noon	Check-out and departures
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