

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Susan W Amy Work Phone No. 448-4769

Work Address: 266 Poverty Ln 4B Lebanon NH 03766

Office/Appointment/Employment held: State rep

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.

Source of Honorarium or Expense Reimbursement:

Name of source: Post Office Address: Occupation: Principal Place of Business: RECEIVED NOV 07 2016 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity: Name of Corporation or Entity: Hampshire New Housing Finance Authority

Name of Corporate/Entity Representative:

Work Address of Representative:

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 \$55 conference fee refunded

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: Date Received: 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: Economic & Housing Market Update Conference 10/19/16 Manchester

"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 of Filer: Susan W Amy Date Filed: 10/28/16

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