

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Bill Ohm Work Phone No. 271-3665

Work Address: Room 300-A, Legislative Office Bldg, Concord NH

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: \_\_\_\_\_

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If source is a Corporation or other Entity:

Name of Corporation or Entity: Orrick

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Corporate/Entity Representative: Christopher Grimm

Work Address of Representative: 1152 15th St. NW, Washington, DC 20005

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

Value of Honorarium: \$65 Date Received: 2/7/17 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Dinner discussion - Legislation related to daily fantasy sports

"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: Bill Ohm

Date Filed: 3/29/17