## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:
Name: Susan W Hony Work Phone No. 603 448-4769
Name: Susan W Hony Work Phone No. 603 448-4769 Work Address: 266 Brerry Ln 4B, Colourn NH 03766
Office/Appointment/Employment held:
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:
Name of source:  First Middle Last  Last
Name of source:  First  Middle  Last  SEP 26 2016
DEPAR NEW HALL
Occupation:
Post Office Address:    Department of Business:   C 0 2016
If source is a Corporation or other Entity:
Name of Corporation or Entity: Business Industry 17550Z, NH
Name of Corporate/Entity Representative: Dave June 1
Work Address of Representative:
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 \$ Conf. fee \$45 refunded to me,
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:
Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:  2016 SIA For war on Workforce Housing - went as William bed member 2016 SIA For war on Workforce Housing - went as William bed member 100 members of the service of the s
"I have read RSA 13-B and hereby swear or aftirm that the foregoing information is true and complete to the best of my knowledge
and belief."  9/26/16
Signature of Filer Date Filed

Q/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