

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Jay Kahn Work Phone No. 603-271-3096
First Middle Last

Work Address: 33 N. State St, Concord, NH 03301 rm. 101-A

Office/Appointment/Employment held: State Senator

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:
First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Business and Industry Association

Name of Corporate/Entity Representative: Lora McMahon

Work Address of Representative: 122 N. Main St, Concord, NH 03301

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

Value of Honorarium: \$311.25 Date Received: 11-5-17 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:

BIA Fall Meeting

"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 [Handwritten Signature]

Date Filed 11/29/17

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

RECEIVED

NOV 29 2017

NEW HAMPSHIRE DEPARTMENT OF STATE