

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



RECEIVED

SEP 26 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: SKIP BERRIEN Work Phone No. 603 580 1240

Work Address: 7 COACH RD EXETER, NH

Office/Appointment/Employment held: NH HOUSE OF REPRESENTATIVES

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: FAMILY FRIENDLY ECONOMY

Post Office Address: 114 MAIN ST Suite 204 Concord NH 03301

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH Women's Foundation

Name of Corporate/Entity Representative: Cotton Cleveland, Interim CEO

Work Address of Representative: 2 Delta Drive, Concord, NH 03301

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.

Value of Expense Reimbursement: \$40.00 Date Received: 9/21/16 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:

An Educational Conference on 'Winning Workplaces'

"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: Skip Berrien

Date Filed: 9/21/16