STATE OF NEW HAMPSHIRE
Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

I. Name of Lobbyist(s) ________________________________________________________

II. Name of lobbyist’s partnership, firm or corporation, if any:
__________________________________________________________
(Name of partnership, firm or corporation)

III. Name of Client ___________________________________________ Date ____________

State the full name of the person receiving the honorarium or expense reimbursement:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name/Initial</th>
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What is the value of the honorarium or expense reimbursement? $ ______________________

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

__________________________________________   _________________________
(Signature of lobbyist)        (Date)

__________________________________________
(Print Name of lobbyist)