

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: NAIDA L KAEN Work Phone No. 271-3396

Work Address: Rm. 304 Legislative Office Building, Concord, NH

Office/Appointment/Employment held: State Representative

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: New England Cable Television Association (NECTA)

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: New England Cable TV Assoc. (NECTA)

Name of Corporate/Entity Representative: Paul Cianelli

Work Address of Representative: Ten Forbes Road, Suite 440 W, Braintree, MA, 02184

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

Value of Honorarium: None 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: \$450 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:

Hotel accommodations and two meals - participant in panel

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: Naida Kaen

Date Filed: August 24 2011

RECEIVED

AUG 24 2011

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

NEW HAMPSHIRE DEPARTMENT OF STATE