STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Pamela Z Tucker (First / Middle / Last) Work Phone No. 271.3661

Work Address: State House Rm 301 Concord, NH 03301

Office/Appointment/Employment held: 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. 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: _____ (First / Middle / Last)

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Rick Perry.org

Name of Corporate/Entity Representative: _____

Work Address of Representative: PO Box 12726 Austin TX 78711

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

Value of Honorarium: 153.00 Date Received: 9.07.11 ***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:

Hotel room for presidential debate

"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."

Pamela Tucker — Signature of Filer

11.07.11 — Date Filed

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

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INVOICE

Payee Executive Travel Associates 19138897 RL
1333 New Hampshire Ave NW #701
Washington DC 20036
United States

Membership
Bonus Code
Confirmation No.
Group Name Executive Travel Associates 19138897 RL

Room No.	9089
Arrival	08-31-11
Departure	09-15-11
Page No.	1 of 6
Folio Window	1
Folio	118999
Invoice	

Date	Description	Charges	Credits
	Tucker, Pam Room # 0403		
09-07-11	Package	139.00	
09-07-11	Occupancy Tax	13.90	
09-07-11	CA Assessment Tax	0.18	
	Guest Total	153.08	0.00