

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: LAURENE MITCHEL RAPPAPOORT Work Phone No. 603 359 4510
First Middle Last

Work Address: STATE HOUSE, CONCORD, NH 03301

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. 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: PATRICK G. BINNS
First Middle Last

Post Office Address: CANADIAN CONSULATE, 3 COPLEY PL, SUITE 400, BOSTON, MA 02116

Occupation: CONSUL GENERAL OF CANADA TO NEW ENGLAND

Principal Place of Business: MONTREAL, QUEBEC

If source is a Corporation or other Entity:

Name of Corporation or Entity: GOVERNMENT OF CANADA

Name of Corporate/Entity Representative: PATRICK G. BINNS

Work Address of Representative: Canada Consulate, 3 Copley Pl., Suite 400, Boston, MA 02116

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

Value of Honorarium: 365.00 Date Received: 2/25 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:

The purpose of the trip was to attend a border tour

MAR 09 2011

NEW HAMPSHIRE DEPARTMENT OF STATE

"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."

Laurene M. Rappaport
Signature of Filer

3/8/2011
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