

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: SUSAN EMERSON Work Phone No. \_\_\_\_\_  
First Middle Last

Work Address: \_\_\_\_\_

Office/Appointment/Employment held: STATE REP.

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: \_\_\_\_\_

**RECEIVED**

SEP - 8 2011

**NEW HAMPSHIRE  
DEPARTMENT OF STATE**

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: \_\_\_\_\_

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.*  Exact  Estimate

Value of Expense Reimbursement: 249.30 Date Received: 5/18/11 *A copy of the agenda or an equivalent document must be attached to this filing.*  Exact  Estimate 8/20/11 - 30.00 *GROUND TRANSPORTATION TO + FROM AIR PORT.*

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

ALEC SPRING TASH FORCE SUMMIT

"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."

Susan Emerson  
Signature of Filer

Sept - 8<sup>th</sup> 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

# AGENDA

## Thursday, April 28

**Registration** 1:00 p.m. - 5:30 p.m. Lobby

## Friday, April 29

**Registration** 7:00 am. - 3:00 p.m. 4th Floor

ALEC Joint Board of Directors Meeting 7:15 a.m. - 12:15 p.m. Pavilion Ballroom

**Task Force Subcommittee Meetings** 8:00 a.m. - 11:30 a.m.

*All Task Force members are welcome and encouraged to attend their Task Force's Subcommittee meetings*

Joint Energy-Environmental Health and Regulation Subcommittee 8:30 a.m. - 9:45 a.m. Mayflower 1, 2

Child Safety Subcommittee 9:00 a.m. - 10:00 a.m. Caprice 1, 4

Fiscal Policy Reform Working Group 9:15 a.m. - 10:45 a.m. Rookwood

Higher Education Subcommittee 9:30 a.m. - 10:30 a.m. Salon H, I

Agriculture Subcommittee 10:00 a.m. - 11:00 a.m. Mayflower 1, 2

K-12 Education Reform Subcommittee 10:30 a.m. - 11:00 a.m. Salon H, I

Workshop: Solutions for Real Budget and Pension Reform 11:00 a.m. - 12:15 p.m. Rookwood

*All ALEC members are welcome to attend*

**Task Force Meetings** 12:30 p.m. - 5:00 p.m.

*Task Forces will meet at 12:30 for a luncheon*

Civil Justice Caprice 2, 3

Commerce, Insurance and Economic Development Rosewood

Education Salon H, I

Energy, Environment and Agriculture Mayflower 1, 2

Health and Human Services Continental Room

Public Safety and Elections Caprice 1, 4

Tax and Fiscal Policy Rookwood

Telecommunications and Information Technology Lunch: Pavilion Ballroom

Meeting: Hall of Mirrors

**Spring Task Force Summit Ohio Reception** 5:00 p.m. - 6:30 p.m. Pavilion Ballroom

Board of Directors Dinner  
*By invitation only* Orchid