

**STATE OF NEW HAMPSHIRE**

**Honorarium or Expense Reimbursement Report (RSA 15-B)**



Type or Print all Information Clearly:

Name: Tara Sad Work Phone No. 756-4861  
First Middle Last

Work Address: 82 North Rd. Warpole NH 03608

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: \_\_\_\_\_  
First Middle Last **RECEIVED**

Post Office Address: \_\_\_\_\_ JAN 10 2012

Occupation: \_\_\_\_\_  
Principal Place of Business: \_\_\_\_\_ NEW HAMPSHIRE DEPARTMENT OF STATE

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

Name of Corporation or Entity: State Ag & Rural Leaders

Name of Corporate/Entity Representative: Caitlyn Orr

Work Address of Representative: Kentucky (see SARL.org)

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: 1,369 Date Received: 1/5-8/12 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:  
Travel to and expenses during annual mtg in Washington, D.C. *(see SARL.org for agenda of 2012 meeting)*

"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: [Signature] Date Filed: 1/10/12

**State Ag and Rural Leaders Conference**  
Washington, DC  
Thursday, January 5 through Sunday, January 8<sup>th</sup>, 2012

**Expense Reimbursement Summary**

**Rep. Tara Sad**

**Airfare**

**US Airways RT from Manchester, NH to Ronald Reagan Airport, VA**

**\$436.00**

**Hotel**

**Hyatt Crystal City**

**3 nights at \$269/night**

**807.00**

**Meals:**

**3 breakfasts @ \$11/each            \$33.00**

**2 lunches @ \$15/each                30.00**

**2 dinners @ \$19/each                38.00**

**Total meals**

**101.00**

**Ground Transportation**

**Shuttles/buses**

**25.00**

**TOTAL VALUE OF COVERED EXPENSES**

**\$1,369.00**