

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: David R Boutin Work Phone No. 603-271-2709

Work Address: 33 No. State Street Concord N.H. Rm 102A

Office/Appointment/Employment held: State Senate

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: First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Fairpoint Communications

Name of Corporate/Entity Representative: Ellen Scarponi

Work Address of Representative: 900 Elm Street, 16th Flr, Manchester, NH 03101

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

Value of Honorarium: \$100 Date Received: 12/4/012 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] 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: Joshiak Bartlett Center Annual Dinner

"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: David Bart

12/5/012 Date Filed

RECEIVED

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

DEC 05 2012 NEW HAMPSHIRE DEPARTMENT OF STATE