

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ROBERT H. HAEJNER Work Phone No. 889-1553

Work Address: LOB ROOM #303, CONCORD, NH

Office/Appointment/Employment held: REPRESENTATIVE - EJA COMMITTEE - RANKING MEMBER

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED JUN 18 2013 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: CAROLYN ORR

Work Address of Representative: INDIANIA

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.

Value of Expense Reimbursement: \$1516 Date Received: 6/5-9/13 A copy of the agenda or an equivalent document must be attached to this filing.

AGENDA AT WWW.AGANDRURALLEADERS.ORG/LAC/2013

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

FLIGHTS, HOTEL, MEALS & FARM TOUR FOR AG CHAIR 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."

Signature of Filer [Handwritten Signature]

6/18/13 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