

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Tara A Sad Work Phone No. 603-756-4861

Work Address: LOB Room 303 Concord NH

Office/Appointment/Employment held: State Rep - Chair, Env. & Agr. Cmtee

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: RECEIVED JUN 19 2013 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Ag and Rural Leaders
Name of Corporate/Entity Representative: Dr Carolyn Orr
Work Address of Representative: Indiana

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. www.agandrurallleaders.org/LAC/2013/LAC_2013_Brochure.pdf

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Attendance at 4-day conference for Ag. Chairs in Vancouver BC

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: 6/16/13