

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. 756-4861

Work Address: 82 North Rd Waples NH 03608

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.

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: American Kennel Club (AKC)

Name of Corporate/Entity Representative: Cheryl Goffe

Work Address of Representative: Raleigh, NC

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

Value of Honorarium: \$250 Date Received: 1/20/14 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: Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

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

Speaking at legislative conference

"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

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

RECEIVED

FEB 04 2014

NEW HAMPSHIRE DEPARTMENT OF STATE