STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: DONNA SOUCY  Work Phone No. 271-3207
First Middle Last

Work Address: 107 N MAIN ST, RM 1205, CONCORD

Office/Appointment/Employment held: SENATOR

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: DLCC
First Middle Last

Post Office Address: 1225 EYE ST. NW SUITE 1250, WASHINGTON, DC

Occupation: EVENT COORDINATOR

Principal Place of Business: WASHINGTON, DC

If source is a Corporation or other Entity:

Name of Corporation or Entity: Same as above

Name of Corporate/Entity Representative: ALEXANDRA CHAPMAN

Work Address of Representative: Same

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

Value of Honorarium: $21,827  Date Received: 8/14/2017 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: $22,086  Date Received: 8/14/2017 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:

“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: DONNA SOUCY  Date Filed: 9/14/2017

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
Hello Deputy Leader Soucy,

Thank you for registering for the DLCC Policy Conference in Portland, Maine, Aug. 24-25. You will find your hotel confirmation number and check-in and check-out dates below. Please let me know right away if you need any changes made to your reservation.

Hotel Confirmation
Name: Donna Soucy
Confirmation Number: 264682
Check-in: (603) 867-4460
Check-out: Thursday, August 24
Guest(s): Friday, August 25

Hotel Information
The Westin Harborview Portland
157 High Street
Portland, Maine 04101
(207) 775-5411

Meeting Agenda

<table>
<thead>
<tr>
<th>Thursday, August 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30-5 p.m.</td>
</tr>
<tr>
<td>2:30-3:30 p.m.</td>
</tr>
<tr>
<td>3:30-4:30 p.m.</td>
</tr>
<tr>
<td>5:30-8:30 p.m.</td>
</tr>
<tr>
<td>9 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday, August 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m.-12 p.m.</td>
</tr>
<tr>
<td>8 a.m.</td>
</tr>
<tr>
<td>9 a.m-12 p.m.</td>
</tr>
<tr>
<td>12-1:30 p.m.</td>
</tr>
<tr>
<td>1:30-3 p.m.</td>
</tr>
<tr>
<td>3-4:30 p.m.</td>
</tr>
</tbody>
</table>

Please note that all events will take place at The Westin Harborview Portland unless otherwise indicated. Guests are welcome to attend the evening social events on Thursday and the happy hour reception on Friday.

You will receive a final detailed agenda and briefing materials, including information about any one-on-one meetings, on August 17. We look forward to seeing you in Portland!
If you have any questions, please contact the DLCC Operations Office at (202) 449-6740 or by e-mail: warner@dlcc.org

DLCC is able to accept corporate, treasury, PAC and individual contributions. Contributions will be used at DLCC's sole discretion to exclusively support its nonfederal programs and activities.

Contributions or gifts to DLCC are not tax deductible. Tax ID number: 52-1870839