

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Gregory Hill Work Phone No. 603 286-7329

Work Address: 1 Knowles Farm Rd Northfield NH 03276

Office/Appointment/Employment held: State Rep - Merrimack # 3

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

Post Office Address: SEP 15 2015

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Friedman Foundation for Educational Choice

Name of Corporate/Entity Representative:

Work Address of Representative: One American Square STE 2420 Indianapolis IN 46282

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: \$1018.06 Date Received: 8/25/15 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:

School Choice Symposium - sharing ideas with other legislators

"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: Gregory Hill Date Filed: 9/14/2015