

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Susan W Alamy Work Phone No. 603 448-4769

Work Address: 266 Brevity Ln 4B, Lebanon NH 03766

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED SEP 26 2016 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Business Industry Assoc, NH

Name of Corporate/Entity Representative: Dave Junet

Work Address of Representative: _____

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 [checked] conf. fee \$45 re: funded to me

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. [] Exact [] Estimate

Value of Expense Reimbursement: _____ Date Received: _____ 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: 2016 BIA Forum on Workforce Housing - went as UN Housing Coalition bd member

"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: Susan W Alamy

Date Filed: 9/26/16