

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)

RECEIVED

JAN 20 2015

JAN 20 2015

NEW HAMPSHIRE

DEPARTMENT OF STATE

DEPARTMENT OF STATE



Type or Print all Information Clearly:

Name: Jill A Duncan Work Phone No. 603-677-3411  
First Middle Last

Work Address: 70 Main Street, New Hampton, NH

Office/Appointment/Employment held: Director of Finance

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: NH HEFA Bonnie Payette Dir of Operations + Finance  
First Middle Last

Post Office Address: PO Box 2110 Concord, NH 03302

Occupation: Dir of Operations + Finance

Principal Place of Business: NH HEFA, Concord, NH

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: NH HEFA

Name of Corporate/Entity Representative: Bonnie Payette

Work Address of Representative: PO Box 2110, Concord, NH 03302

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.*  Exact  Estimate

Value of Expense Reimbursement: \$2,344.00 Date Received: Sept 2014 *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:

Attendance for Annual 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."

Jill A Duncan  
Signature of Filer

1/16/15  
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