

OVERNIGHT
Complimentary

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JEANIE LYONS Forrester Work Phone No. 271.4980
First Middle Last

Work Address: 107 N. Main Street, Concord NH 03301

Office/Appointment/Employment held: State 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: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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DEC-17 2014
NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: MT Senators Reception Omni Mt Washington

Name of Corporate/Entity Representative: Calvin Belknap

Work Address of Representative: 310 Mt-Washington Hotel Rt. Bretton Woods 03575

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: 300 Date Received: 12/8/14 Exact Estimate 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:

MT Senators North Country Reception w/communion by leaders

"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]
Signature of Filer

12/17/14
Date Filed