

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

RECEIVED

SEP 29 2015



Type or Print all Information Clearly:

NEW HAMPSHIRE DEPARTMENT OF STATE

Work Phone No. 603 494 6144

Name: Claire Rouillard

Work Address: 14 Jasmine Lane Goffstown NH 03045

Office/Appointment/Employment held: State Representative - Goffstown Hills 6

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: Council of State Government (CSG)

Post Office Address: Henry Toll Fellowship Program 2760 Research Park Dr. Lexington, Ky 40511

Occupation: Leadership Program

Principal Place of Business: Lexington, Ky 40511

If source is a Corporation or other Entity:

Name of Corporation or Entity: Council of State Government (CSG)

Name of Corporate/Entity Representative: Kelly Arnold

Work Address of Representative: Director of Membership, MKG & Medica

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

Value of Honorarium: 1225.00 Date Received: 8-28 to 9-2-15 Exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [checked] Exact [] Estimate Attached - meals, lodging transportation

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:

"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: Claire Rouillard

Date Filed: 9-29-15

2015 Cost Statement

Participant Costs Covered by CSG

Travel		Airfare at cost of attendee
Meals	675.00	Meals provided by CSG during the meeting
Lodging	\$475	5 nights at Hyatt Regency Lexington
Registration	\$0	N/A
Other	\$75	Transportation
TOTAL		