## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Type or Print all Informatio		- 1	116				
Name: Arlene	B.	Quarat	iell Work Ph	one No.	603-81	8-19	71
First	Middle	Last					
Work Address: 27	Mill	Stream	Dr	A+	Kinson	NH	03811
Office Appointment/Emplo	yment held:	Stream	Rep	12	celeingh	iam 1	8
List the full name, post office or expense reimbursement. W corporation or entity in makin or entity.	hen the source is a	corporation or other	entity, the name	and work	address of the pers	son representi	ng the
Source of Honorarium or	Expense Reimbu	rsement:					
Name of source:							
	First	Middle			Last		
Post Office Address:							
Occupation:							
Principal Place of Business	E						
If source is a Corporation	or other Entity:	, 1			0 1	. 1	,
Name of Corporation or Er	ntity:	oung Am	revican	S	for L	lber	ty
Name of Corporate/Entity	Representative: _	Ted	Patt	erso	И		
Name of Corporation or Er  Name of Corporate/Entity  Work Address of Represen	tative: 500	n Capit.	787410	Texa	asHwy	Unit	100
Value of Honorarium:  the gift or honorarium and it  Value of Expense Reimburses be attached to this filing.  Briefly describe the service of	ment: 1437. Exact E	Date Received:	10/23 copy of	f the agen	da or an equivalen	nt document m	e from
Briefly describe the service or	event this Honora	rium or Expense Rei	mbursement relat	tes to:		Ra	notto
YAL Or	lando	Conferen	ce 2	023		Tep	1.7.000
"I have read RSA 15-B and he	ereby swear or affir	rm that the foregoing	information is tr	ue and cor	mplete to the best of	of my knowled	ige
and belief."	779	111		0/24	1/22		
Signature of Filer	Luar	erull		Date	filed		
DIBINGUIS OF I HOL			/	Dank			

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, 107 North Main Street, State House Room 204, Concord, NH 03301