

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Susan W Army Work Phone No. 448-4769

Work Address: LOB202

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: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Business & Industry Association

Name of Corporate/Entity Representative: Lora McMahon

Work Address of Representative: 122 N. Main St, Concord 03301

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00. DA reports of + hotel room at total of \$270 per capita.

Value of Honorarium: [check] 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: [check] 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:

NH Leadership Summit (at Whitefield NH)

"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 Army

Date Filed: 11/22/15

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

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NEW HAMPSHIRE DEPARTMENT OF STATE