

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Laurie Sanborn Work Phone No. 6821557

Work Address: 67 S Main St, Concord NH

Office/Appointment/Employment held: State Representative

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: Fred Tausch

Post Office Address: 75 Wilson Hill Rd, Merrimack, NH

Occupation: Retired

Principal Place of Business:

RECEIVED

If source is a Corporation or other Entity:

JUN 03 2014

Name of Corporation or Entity:

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Corporate/Entity Representative:

Work Address of Representative:

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

Value of Honorarium: 264 Date Received: 5/27/14 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: Date Received: 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:

Economy + Job Creation Discussion

"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

Date Filed