

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Pamela Z Tucker Work Phone No. 531.0085  
First Middle Last

Work Address: 15 Eagle Ct Greenland, NH. 03840

Office/Appointment/Employment held: 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. 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:**

RECEIVED

Name of source: 1  
First Middle

MAY 16 2013

Post Office Address: \_\_\_\_\_

NEW HAMPSHIRE  
DEPARTMENT OF STATE

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: American Legislative Exchange Council

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: 1101 Vermont Avenue 11<sup>th</sup> Floor WASHINGTON DC 20005

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

Value of Honorarium: 339.<sup>35</sup> Date Received: 5/14/13 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: \_\_\_\_\_ 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:  
Payment of lodging for Spring TASK Force mtg in OKC, OK

"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."

Pamela Tucker  
Signature of Filer

May 15, 2013  
Date Filed

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## NAVIGATOR BY RENAISSANCE

Reservation Details

**Confirmation Number: 81726433**

**Your hotel:** Renaissance Oklahoma City Convention Center Hotel

**Check-in:** Thursday, May 2, 2013 (04:00 PM)

**Check-out:** Saturday, May 4, 2013 (11:00 AM)

Room type: Guest room, 1 King or 2 Double

**Number of rooms:** 1

**Guests per room:** 1

**Guest name:** PAMELA TUCKER

**Reservation confirmed:** Thursday, March 28, 2013 (15:00:00 GMT)

**Guarantee method:** Credit card guarantee, American Express

**Special request(s):**

- 1 King Bed Req Not Gtd, Request Noted
- Early Check-In, Request Noted

Thursday, May 2, 2013 - Saturday, May 4, 2013 ( 2 nights )	149.00
AMERICAN LEGISLATIVE	
Estimated government taxes and fees	20.68
<b>Total for stay (for all rooms)</b>	<b>339.35</b>
<ul style="list-style-type: none"><li>• Off-site parking, fee: 10 USD daily</li><li>• Valet parking, fee: 25 USD daily</li><li>• Changes in taxes or fees implemented after booking will affect the total room price.</li></ul>	

You may modify or cancel your reservation online (see details below), or call 1-800-HOTELS1 (468-3571) in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.



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