

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Terie Norelli Work Phone No. (603) 271-3661
Work Address: State House - Rm. 312, 107 N. Main St., Concord, NH 03301
Office/Appointment/Employment held: Speaker, NH House of Representatives

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: RECEIVED AUG 21 2013 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Government Affairs Council
Name of Corporate/Entity Representative: Elizabeth Loudy, Executive Director
Work Address of Representative: 515 King St, Suite 325, Alexandria, VA 22314

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

Value of Honorarium: 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: \$75 Date Received: 8/13/13 A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [X] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Awards dinner

"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: Terie Norelli Date Filed: 8-20-13