

✓ 2.6

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Laurie J. Boyce ^{Home} Work Phone No. 825-7371
First Middle Last

^{home} Work Address: 278 Main St. P.O. Box 180 Alton, NH 03809-0180

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:

Name of source: ALEC American Legislative Exchange Council
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: Wash D.C.

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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: \$ 636.78 Date Received: 8/17/06 *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:

ALEC Annual Meeting - San Francisco

"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."

Laurie J. Boyce
Signature of Filer

8/25/06
Date Filed

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.

RECEIVED
AUG 25 2006
NEW HAMPSHIRE
SECRETARY OF STATE