

✓ B.W.

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Lori A. Movsesian Home Work Phone No. 889-1669
First Middle Last

Home Work Address: 15 Berkeley St. Nashua 03064

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. 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.

RECEIVED

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle

AUG 28 2006

Post Office Address: _____

NEW HAMPSHIRE
SECRETARY OF STATE

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Democratic Leadership Council

Name of Corporate/Entity Representative: Yonatan Doron

Work Address of Representative: Washington, DC

Value of Honorarium: \$500 Date Received: 7-21 thru 7-24-06 *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:

DLC National Conversation for Elected Officials

"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."

Lori A. Movsesian
Signature of Filer

8-3-2006
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.