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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Lee Quand Work Phone No. 772-3417
First Middle Last

Work Address: _____

Office/Appointment/Employment held: _____

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: SEA
First Middle Last

Post Office Address: 105 N. State St

Occupation: UNION

Principal Place of Business: 105 N. State St Concord NH

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: 416.00 Date Received: 9/22/06 - 9/22/06
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:

Republican Union Meeting

"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."

Lee Quandt
Signature of Filer

9/26/06
Date Filed

REPORT OF EXPENSE REIMBURSEMENT**(Required by New Hampshire Legislative Ethics Committee)**

Each state representative and state senator shall file a report of acceptance of reimbursement or underwriting of actual expenses for registration, travel, lodging, and subsistence related to attendance at a *bona fide* informational or educational conference, seminar, or meeting. The filing shall include the identity of the primary sponsor or sponsors, including financial contributors, and shall be filed with the Secretary of State's office within fifteen (15) calendar days of the legislator's return from such conference (if expenses are underwritten) or, within fifteen (15) calendar days of reimbursement.

Please print the following information:

Name of Legislator: A. Louise Harding

Date(s) of Conference: Sept. 13/14, 2006

Location of Conference: Portland, Oregon

Subject(s) of Conference: Addiction Studies Program

Primary Sponsor(s) of Conference: Wake Forest University School of Medicine

Major Financial Contributors to Conference: _____

Wake Forest University, National Institute of Drug Addiction
Treatment Institute, Philadelphia, PA.

Amount of Expense Reimbursement (or underwriting)

Registration \$ 0

Travel \$ 400.00

Lodging \$ 480.00

Other \$ mileage / cab

TOTAL \$ 889.00

Date: 9/26/06

A. Louise Harding
SIGNATURE OF LEGISLATOR

NOTE: This report is not required for reimbursement or underwriting from the General Court.

RECEIVED

SEP 26 2006

NEW HAMPSHIRE
SECRETARY OF STATE