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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Candace CW Bouchard Work Phone No. 228 2400
First Middle Last

Work Address: 4 Genell Dr. Concord NH 03301

Office/Appointment/Employment held: State Representative Dist. 11 Merrimack County

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: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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APR 17 2007
NEW HAMPSHIRE
SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH Good Roads

Name of Corporate/Entity Representative: Brenda Clemons

Work Address of Representative: 261 Sheep Davis Rd Concord 03301

Value of Honorarium: [#] 35.00 Date Received: 4/5/07 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:
Revered 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."

Candace CW Bouchard
Signature of Filer

4/17/07
Date Filed