

V-DW

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



Type or Print all Information Clearly:

Name: MAcQUELINE CAHL-PHs Work Phone No. 603-740-7345  
First Middle Last

Work Address: 110 Hedgewood Dr PORTS

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.

Source of Honorarium or Expense Reimbursement:

Name of source: Center For Progressive Alternatives  
Carolus for Choice  
First Middle Last

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

RECEIVED

If source is a Corporation or other Entity:

Name of Corporation or Entity: \_\_\_\_\_

DEC 13 2007

Name of Corporate/Entity Representative: \_\_\_\_\_

NEW HAMPSHIRE  
SECRETARY OF STATE

Work Address of Representative: \_\_\_\_\_

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

Value of Honorarium: 294 Date Received: 4/8 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  
150

Value of Expense Reimbursement: 218 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:

Speaking at an event just before conference on Scholarship

"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]  
Signature of Filer

12/13  
Date Filed