

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: DAVID E. E Work Phone No. 603-588-3664

Work Address: 12 N. MAIN ST, ANTRIM, NH 03440

Office/Appointment/Employment held: STATE 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: _____ RECEIVED

Post Office Address: _____ APR 03 2007

Occupation: _____ NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: STATE AGRICULTURE AND RURAL LEADERS

Name of Corporate/Entity Representative: CAROLYN ORR, 1545 MUDPOYS LANDING RD,

Work Address of Representative: HARRISBURG, KY 40330

Value of Honorarium: \$709 Date Received: 1/23-28/07 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] 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: 2007 LEGISLATIVE AG CHAIRS SUMMIT, JAN. 26-28,

"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 of Filer [Handwritten Signature]

Date Filed 4/3/07