

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Suzanne Harvey Work Phone No.
First Middle Last

Work Address:

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.

Source of Honorarium or Expense Reimbursement:

Name of source:
First Middle Last

RECEIVED

FEB 07 2007

Post Office Address:

Occupation:

NEW HAMPSHIRE SECRETARY OF STATE

Principal Place of Business:

If source is a Corporation or other Entity: NH Dental Society

Name of Corporation or Entity: Greater Nashua Dental Society

Name of Corporate/Entity Representative:

Work Address of Representative: 23 S. State St Concord 03301

Value of Honorarium: \$39 Date Received: 2/5/07 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [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:

NH Dental Society's legislative concerns

"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."

S. Harvey
Signature of Filer

2/7/07
Date Filed