

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: NAIDA L KAEN Work Phone No. 271-3396

Work Address: LOB 304

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.

Source of Honorarium or Expense Reimbursement:

RECEIVED

Name of source: _____

DEC 19 2007

Post Office Address: _____

NEW HAMPSHIRE SECRETARY OF STATE

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Clean Air, Cool Planet

Name of Corporate/Entity Representative: Roger Stephenson

Work Address of Representative: 432-6464 x 104

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

Value of Honorarium: \$45 Date Received: 12/12/07 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [X] Estimate

Value of Expense Reimbursement: \$45 Date Received: 12/12/07 A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [X] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Dinner with four members of British Parliament re: Climate Change issues

"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: Naida L Kaen

Date Filed: 12/19/07