

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: RONALD J Nowe Work Phone No. 679-9885

Work Address: PO Box 327 Epping N.H. 03042

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: American Legislative Exchange Council

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Corporate/Entity Representative:

Work Address of Representative:

Value of Honorarium: 500 Date Received: 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: 500 Date Received: 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:

"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."

Ronald J Nowe Signature of Filer

5-1-2007 Date Filed

