

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: James B. Phinizy Work Phone No. 271-3125

Work Address: Room 303, L.O.B. Concord NH 03301

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: [Blank]

NOV 30 2007

Post Office Address: [Blank]

NEW HAMPSHIRE SECRETARY OF STATE

Occupation: [Blank]

Principal Place of Business: [Blank]

If source is a Corporation or other Entity:

Name of Corporation or Entity: Connecticut Valley Home Builders - Corp.

Name of Corporate/Entity Representative: G. Lee Hentschel, Exec. Officer

Work Address of Representative: PO Box 866, CHARLESTOWN NH 03603

Value of Honorarium: [Blank] Date Received: [Blank] If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \$35.00 Date Received: 11/15/07 A copy of the agenda or an equivalent document must be attached to this filing.

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

Review and discussion of impacts of HB 471.

"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: 11/29/07

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JAMES G. PHINIZY Work Phone No. 271 3125

Work Address: Room 303, L.O.B. CONCORD NH. 03301.

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:

Name of source: \_\_\_\_\_

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

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

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

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH FARM BUREAU FEDERATION

Name of Corporate/Entity Representative: WYNNE MANN, President

Work Address of Representative: 295 SHEEP DAVIS ROAD., CONCORD NH 03301-5747

Value of Honorarium \$35 Date Received: Nov 8, '07 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ A copy of the agenda or an equivalent document must be attached to this filing.

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

Received and award from Farm Bureau for work on Dairy legislation.

"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 11/29/07

5/06

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301