

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: MARSHALL E QUARANT Work Phone No. 772-3417

Work Address: 45 FRANKLIN ST EXETER

Office/Appointment/Employment held: Retired/Legislator

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: RECEIVED

Post Office Address:

Occupation: SEP 26 2007

Principal Place of Business: NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Employees Association

Name of Corporate/Entity Representative: JAY WARD

Work Address of Representative: CONCORD, N.H.

Value of Honorarium: \$650.00 Date Received: 9/16-9/19 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: 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:

State Employee NATIONAL CONFERENCE

"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: Marshall E. Quarant

Date Filed: 27 SEP 07