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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: MATTHEW J QUAMBT Work Phone No. 778-3417
First Middle Last

Work Address: 45 FRANKLIN ST Exeter

Office/Appointment/Employment held: Legislator/student

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. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

RECEIVED

Name of source: _____
First Middle Last

SEP 26 2007

Post Office Address: _____

Occupation: _____

NEW HAMPSHIRE
SECRETARY OF STATE

Principal Place of Business: _____

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, NH

Value of Honorarium: \$230 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 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:
SEA 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]
Signature of Filer

26 SEP 07
Date Filed

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: MARSHALL E QUAGLI Work Phone No. 772-3417
First Middle Last

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. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

RECEIVED

Post Office Address: _____

SEP 26 2007

Occupation: _____

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: \$850.00 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 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."

Marshall E. Quagli
Signature of Filer

27 SEP 07
Date Filed