

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: BEVERLY T. Rodeschin Work Phone No. 603-271-3661

Work Address: NH STATE HOUSE - MAIN ST. 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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

SEP 05 2007

NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: THE HEARTLAND INSTITUTE

Name of Corporate/Entity Representative: JOSEPH L. BAST

Work Address of Representative: 19 SOUTH LA SALLE ST. #903 - CHICAGO IL 60603

Value of Honorarium: _____ 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.

Value of Expense Reimbursement: 300.00 Date Received: 8/18/07 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:

ENERGY SUMMIT

"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: Beverly T. Rodeschin

Date Filed: 9/5/07