

10W

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JORDAN UERY Work Phone No. 231-7867

Work Address: POB 15 HUDSON, NH

Office/Appointment/Employment held: Rep. Hills-27

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: _____

RECEIVED

MAY 29 2007

NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: DELTA DENTAL

Name of Corporate/Entity Representative: UNKNOWN

Work Address of Representative: _____

Value of Honorarium: \$65 Date Received: Early MAY 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: GIFT BASKET RESULT of RANDOM DRAWING of ATTENDEES public arena for the taking

"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: Jordan Uery

Date Filed: 5/29/07