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DW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Lucy McVitt Weber Work Phone No. 603-756-4338  
First Middle Last

Work Address: 217 Old Keene Road

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. 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: ~~Vermont Law School~~  
First Middle Last

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

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

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

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NEW HAMPSHIRE  
SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Vermont Law School

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: South Royalton Vermont

Value of Honorarium: \$250 Date Received: March 2007 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:

Guest lecture at Vermont Law School

"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

17 Nov 2007  
Date Filed