

VJW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Fran Wendelbore Work Phone No. _____
First Middle Last

Work Address: 238 Lower Ox Bow Rd New Hampton

Office/Appointment/Employment held: State Rep

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: legislative
Name of source: ALEC American Exchange Council
First Middle Last

Post Office Address: _____

Occupation: legislative advisory org

Principal Place of Business: Washington DC

If source is a Corporation or other Entity: NOV 07 2007

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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. Exact Estimate

Value of Expense Reimbursement: \$920⁰⁰ Date Received: (not received yet) A copy of the agenda or an equivalent document must be attached to this filing. Exact Estimate \$500 travel
\$320 (2 nights lodging)

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Energy Conference 10/19-21 (travel on Friday + Sunday) meeting on Sat
\$100 meals cost
1 Break 1 lunch 1 dinner

"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."

Fran Wendelbore
Signature of Filer

11/7/07
Date Filed