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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: William A. Harsell Work Phone No. 306-6199

Work Address: State House Concord NH

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:

Name of source: RECEIVED

Post Office Address: MAY 29 2008

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Lincoln Inst of Paul Poley Cambridge MA

Name of Corporate/Entity Representative: Brooke Diggs

Work Address of Representative: Avenue Place, 200 Summit Blvd Suite 307 Boston MA

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: 419.14 Date Received: 5/8 + 5/13 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] 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: Economic Perspectives on State Land Prices

"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: William A. Harsell

Date Filed: 5/29/08