

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: PETER S BOLSTER Work Phone No. 776-1622

Work Address: 30 STONE WALL, ALTON, NH 03809

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: NH BUILDERS ASSOC.

RECEIVED

Post Office Address: APR 27 2009

Occupation: BUILDER

NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH BUILDERS ASSOC

Name of Corporate/Entity Representative:

Work Address of Representative:

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

Value of Honorarium: \$50 Date Received: 4-16-2009

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:

LEGISLATIVE DINNER IN MEREDITH CHASE HOUSE

"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."

Peter S. Bolster 4-28-2009