

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all information Clearly:

Name: John R. Cloutier Work Phone No. (603) 477-3690

Work Address: State House, No. Main St., Concord, N.H. 03301 or 10 Spruce Ave., Apt. #1, Claremont, N.H. 03743

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: Council of State Governments, Eastern Regional Conference

Post Office Address: 100 Wall St., 20th Floor, New York, N.Y. 10005

Occupation: Organization of State Government Officials

Principal Place of Business: Eastern Region the United States

If source is a Corporation or other Entity:

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Name of Corporation or Entity: APR 09 2009

Name of Corporate/Entity Representative: NEW HAMPSHIRE DEPARTMENT OF STATE

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: 4-1-09 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: Dinner to meet with staff of the Council's Eastern Regional Conference, after Speaker had appointed me to Council's Transportation Policy Committee

"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: John R. Cloutier

Date Filed: April 9, 2009