

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Anna L. Harding Work Phone No. 603-667-7734
First Middle Last

Work Address: 56 Jenkins Rd. Lebanon NH 03766

Office/Appointment/Employment held: 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:

RECEIVED

Name of source: _____ APR 8 2009
First Middle Last

Post Office Address: _____ NEW HAMPSHIRE DEPARTMENT OF STATE

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Council of State Government (CSG)
Eastern Regional Conference (ERC)

Name of Corporate/Entity Representative: Wendell Hornford

Work Address of Representative: New York

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

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: ^{\$}40.00 Date Received: 4/1/09 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:
R/T presentation on Federal Stimulus Package

"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."

Anna L. Harding 4/1/09
Signature of Filer Date Filed