STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Terie (First) Norelli (Last) Middle: _____ Work Phone No. (603) 271-3661

Work Address: Rm. 312, State House, 107 N. Main St., Concord, NH 03301

Office/Appointment/Employment held: State Representative - Speaker

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:

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APR 03 2009
NEW HAMPSHIRE
DEPARTMENT OF STATE

Name of source: _____ (First) _____ (Middle) _____ (Last)

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Council of State Governments - ERC

Name of Corporate/Entity Representative: Wendell Hannaford

Work Address of Representative: 100 Wall St., 20th Floor, New York, NY 10005

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

Value of Honorarium: $50.00 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.*** ☐ 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: (Granite Restaurant, Concord)
Dinner hosted by the CSG-ERC Director for the NH House Leadership, ERC's Executive and Policy Committee members and staff.

"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."

Terie Norelli
Signature of Filer

4/2/09
Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301