

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JORDAN ULRICH Work Phone No. 231-7867

Work Address: POB 15, HUDSON

Office/Appointment/Employment held: Rep. Hills-27

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: CORPORATION OR OTHER ENTITY

Name of source: CIGAR ASSOCIATION of N.H.

Post Office Address: 741 LAFAYETTE RD., SEABROOK, NH 03874

Occupation:

Principal Place of Business:

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OCT 13 2009

If source is a Corporation or other Entity:

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Corporation or Entity:

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: \$30. Date Received: 10/10/09 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: \$30. Date Received: 10/10/09 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:

"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: Jordan Ulrich Date Filed: 10/13/09

**Cigar Association of New Hampshire (C.A.N.H.)
741 Lafayette Rd., Seabrook NH 03874**

October 10, 2009

Dear Legislators:

The cost of your ticket that has been given to you has a value of 30.00
It was our pleasure to have you attend.

Sincerely

A handwritten signature in black ink, appearing to read 'Roy Kirby', with a large, stylized flourish extending to the right.

Roy Kirby
President of the C.A.N.H.