

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: MOE VILLENEUVE Work Phone No. 603-472-6928

Work Address:

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.

Source of Honorarium or Expense Reimbursement:

Name of source: AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Post Office Address: 1101 VERMONT AVE. NW. 11TH FLOOR

Occupation:

Principal Place of Business: WASHINGTON, D.C. 20005

If source is a Corporation or other Entity:

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: \$50.00 Date Received: 5/1-2/09

Value of Expense Reimbursement: \$600.00 Date Received:

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

LEGISLATIVE TASK FORCE MEMPHIS, TN

"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: Mo Villeneuve

Date Filed: 5/5/09

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