

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Susan W Army Work Phone No. 359-5557

Work Address: ~~266~~ LOB 202

Office/Appointment/Employment held: State Rep/Chair

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: Tech America

Post Office Address: 1401 Wilson Blvd, Ste 1100, Arlington VA 22209

Occupation: lobbying group

Principal Place of Business: Virginia Int'l

RECEIVED

AUG 11 2010

If source is a Corporation or other Entity:

Name of Corporation or Entity: Ted America

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Corporate/Entity Representative: dk

Work Address of Representative:

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.

Value of Expense Reimbursement: one meal - cost Date Received: 7/26/10 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: invited with other financial chairs to dinner in NCSL meetings

"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: Susan W Army

Date Filed: 8/11/10

