

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: David Boutin Work Phone No. 203-5391

Work Address: Rm 102 L0B Concord, N.H.

Office/Appointment/Employment held: State Senat Dist 16

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Spectrum Franchising

Name of Corporate/Entity Representative: Chuck McGee

Work Address of Representative: Front Street Manchester, N.H. 03102

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

Value of Honorarium: 50.00 Date Received: 3/25/10 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: _____ Date Received: _____ 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:

Manchester Republican City Comm. Htee Lincoln-Reagan Day Dinner

"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: David Boutin

Date Filed: 3/29/10