

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: David R. Bortin Work Phone No. 271-2709

Work Address: Rm 102 LOB Concord N.H. 03301

Office/Appointment/Employment held: State Senate District 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. 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.

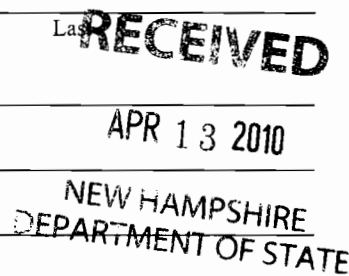
Source of Honorarium or Expense Reimbursement:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____



If source is a Corporation or other Entity:

Name of Corporation or Entity: Public Service of NH

Name of Corporate/Entity Representative: Elizabeth Larocca

Work Address of Representative: 780 Commercial St. Manchester 03101

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

Value of Honorarium: \$700.00 Date Received: 4/13/10 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:

1st Annual Hooksett Kiwanis Community Leaders Recognition Event

"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."

David R. Bortin Signature of Filer

April 13, 2010 Date Filed