

**STATE OF NEW HAMPSHIRE**

**Honorarium or Expense Reimbursement Report (RSA 15-B)**



Type or Print all Information Clearly:

Name: JACQUELINE CRANI-P.H.S Work Phone No. N/A cell  
First Middle Last 572-5788

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. 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: National Foundation of Women Legislators  
First Middle Last

Post Office Address: Washington DC

Occupation: Women hobby group

Principal Place of Business: Women hobby group DC

**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: 1065 Date Received: 11/22/10 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:  
Convention, room + board + air fares

"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: [Signature]

Date Filed: 12/15/10

**RECEIVED**

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. DEC 15 2010

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE