

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: WARREN J GREEN Work Phone No. 603-817-9553

Work Address: 75 CHAPMAN DR. ROCH NH 03867

Office/Appointment/Employment held: STATE REP

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:

RECEIVED

Name of source: \_\_\_\_\_

MAR 08 2010

Post Office Address: \_\_\_\_\_

NEW HAMPSHIRE DEPARTMENT OF STAT

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

If source is a Corporation or other Entity:

Name of Corporation or Entity: AMERICAN LEGISLATE EXCHANGE COUNCIL

Name of Corporate/Entity Representative: REP AMY KJOSE

Work Address of Representative: 1101 VERMONT AVE NW. WASH. D.C. 20005

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

Value of Honorarium: \$1000 Date Received: DEC 4-09 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: \$469.30 Date Received: 1-31-10 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:

MY DISCUSSIONS + DELIBERATIONS W/ LEGISLATORS FROM AROUND THE COUNTRY HELPED TO FIND SOLUTIONS TO CURRENT ISSUES IN NH

"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

Date Filed