

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Tara A Sad Work Phone No. (home) 756-4861 (Concord) 271-3403

Work Address: Room 300, LOB, Concord, NH

Office/Appointment/Employment held: Chair, Env & Agr. House of Representatives

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: States Agriculture Rural Leaders (SARL)

Name of Corporate/Entity Representative: Carolyn L. Orr

Work Address of Representative: 628 N. Broadway, Ste 203, Lexington, KY 40508

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

Value of Honorarium: \$125 Date Received: 1/15-1/17/10 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [ ] Exact [X] Estimate 3 bf (100), 3 lunch (150), 2 dinner (250)

Value of Expense Reimbursement: \$701 Date Received: 1/14-17 A copy of the agenda or an equivalent document must be attached to this filing. [ ] Exact [X] Estimate Hotel (3 nights) \$401; Airfare reimburse \$300

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Attendance at Agriculture Chairs Summit, Orlando FL 1/14-1/17

"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: 1/19/10