

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Terie Norelli Work Phone No. 271-2136

Work Address: Rm 307 Statehouse

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: First Middle Last

OCT 31 2011

Post Office Address:

NEW HAMPSHIRE DEPARTMENT OF STATE

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Military Advisory Board of Legislators for Energy CLEAN (Coalition of Action Now)

Name of Corporate/Entity Representative: Jeff Mauk, Project Coordinator

Work Address of Representative:

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

Value of Honorarium: Date Received: 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: \$60 Date Received: 9/15/11 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:

Dinner w/ state legislators, Reps of CLEAN and Gen'L Keys of MAB to discuss energy policy

"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

10-18-2011 Date Filed

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.

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