WILLIAM M, MAGILL, Clerk Melissa Kucserik, First Assistant Clerk Rebecca Silbernagel, Second Assistant Clerk Jeremy Weiss, Journal Clerk Jean Olson, Resolution Clerk Chris Ditmeyer,

Clerk Assistant



House of Representatives State House Montpelier, VT05633-5501 Tel: (802) 828-2247 e-mail: hclerk@leg.state.vt.us

VERMONT HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK

House of Representat	ives Disc	closure Form		
Name: Steve 15 ceyor				
I serve on, or am a member of, the following regulated by law or that receive funding from			or Entities t	hat are
	Remuneration			
Board, Entity, or Commission Name, and	No	Yes-Only	Yes	
Position (e.g. Board Member, Board Chair)		Expenses e.g. mileage		
NA				
My Employer:				
(Salary disclosure not required)				
Signed this 34 day of January, 201	17			
Steve Beyor				
Printed Name, please sign on back				