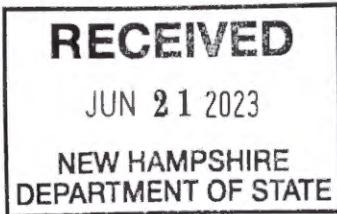


**STATE OF NEW HAMPSHIRE**  
Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Al-Azad M Iqbal Work Phone No. 603-271-6047  
First Middle Last

Work Address: 21 S. Fruit St., Suite 10 Concord, N.H. 03301-2429

Office/Appointment/Employment held: Senior Advisor, New Hampshire Public Utilities Commission

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: \_\_\_\_\_  
First Middle Last

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

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

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

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: Illinois Seminars

Name of Corporate/Entity Representative: Lynnea Johnson

Work Address of Representative: 405 Sunnycrest Ct. W. Urbana, IL 61801

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.* Exact  Estimate \_\_\_\_\_

Value of Expense Reimbursement: \$1000 Date Received: May 4, 2023 *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:  
A \$1,000.00 scholarship to attend the Transmission Business School June 12-16, 2023, reducing participation fee from \$3,699 to \$2,699

"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."

al-azad m. iqbal  
Signature of Filer

May 12, 2023  
Date Filed

**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, 107 North Main Street, State House Room 204, Concord, NH 03301