STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Type or Print all Information Clearly: WILCOX Work Phone No. ((a)3)271-6751 Work Address: <u>29</u> GRANITE STATE CLEAN CITIES CONRDINATOR Office/Appointment/Employment held: (SRONTS 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: Middle Last Post Office Address: Occupation: Principal Place of Business: If source is a Corporation or other Entity: Name of Corporation or Entity: XRGONNE NATIONAL LABORATION Name of Corporate/Entity Representative: TACQUELUN Work Address of Representative: 9700 8, COSS OVENUE, XRGONNE, TL 1057^{∞} Date Received: 122-7125 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 ____ Date Received: _____ A copy of the agenda or an equivalent document must Value of Expense Reimbursement: be attached to this filing. Estimate Exact Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: OSTS (XIR NOTEL & MERILS) FOR CLERNCITIES UTILITY ENGAGEMENT AINING AT ARGONNE NOTIONAL LAB IN ARGONNE, IL. A 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge 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

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DEPARTMENT OF STATE