

RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

SEP 27 2011



Type or Print all Information Clearly:

NEW HAMPSHIRE DEPARTMENT OF STATE

Name: Cindy Rosewald Work Phone No. 595-9896

Work Address: 101 Wellington St. Nashua 03064

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:

Name of source: \_\_\_\_\_

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

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

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

If source is a Corporation or other Entity:

Name of Corporation or Entity: WAND EDUCATION Fund

Name of Corporate/Entity Representative: Maureen Campbell

Work Address of Representative: 322 4th St NE Washington DC 20002

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: \$525 Date Received: 9/20/11 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:

Will/WAND conference

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: Cindy Rosewald

Date Filed: 9/26/11

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