

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Sharon M Carson Work Phone No. 271-2674

Work Address: St. House Rm 106, Concord, NH.

Office/Appointment/Employment held: STATE Senator

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: Molly Stark Chapter D.A.R.

Post Office Address: Manchester, N.H.

Occupation:

Principal Place of Business:

RECEIVED

If source is a Corporation or other Entity:

SEP 13 2012

Name of Corporation or Entity: NEW HAMPSHIRE

Name of Corporate/Entity Representative: DEPARTMENT OF STATE

Work Address of Representative:

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

Value of Honorarium: 100.00% Date Received: Sept. 10, 2012 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: Date Received: 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:

Speech to DAR. about U.S. Constitution. Fee donated to Londonderry Comforts.

"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: Sharon M. Carson

Date Filed: Sept 13, 2012