

APPENDIX A

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name of source: Jennifer Jakubauskas Work Phone No. 603-227-4165
First Middle Last

Work Address: 23 Hazen DR Concord NH 03305

Office/Appointment/Employment held: DMV

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: Nicholas Positano
First Middle Last

Post Office Address: 2019 W Demetrie Canyon Dr, Green Valley, AZ 85622

Occupation: I/M Solutions Coordinator

Principal Place of Business: AZ

RECEIVED

If source is a Corporation or other Entity:

JUN 10 2016

Name of Corporation or Entity: I/M Solutions

NEW HAMPSHIRE
DEPARTMENT OF STATE

Name of Corporate/Entity Representative: Nicholas Positano

Work Address of Representative: 2019 W Demetrie Canyon Dr, Green Valley, AZ 85622

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

Value of Honorarium: \$1,500.00 Date Received: 5/12/16

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: 1,500⁰⁰ Date Received: 5/12/16

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:

I/M Solutions Conference 5/1-5/16

"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."

Jennifer Jakubauskas
Signature of Filer

4/12/16
Date Filed

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