

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Lenette M Peterson Work Phone No. 603-533-0464

Work Address: 1 Elizabeth Dr Merrimack, NH 03054

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: Turkish Cultural Center

Post Office Address: 530 Chestnut St. Manchester

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Turkish Cultural Center

Name of Corporate/Entity Representative: Eyup Sener

Work Address of Representative: 530 Chestnut St. Manchester

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

Value of Honorarium: \$4,685 Date Received: 5/24-6/3 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: N/A Date Received: N/A 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:

This was a legislative trip to build US-Turkish relations.

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

6/25/13 Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly makes a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

RECEIVED

JUN 25 2013

NEW HAMPSHIRE DEPARTMENT OF STATE