

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: John Reagan Work Phone No. 603-271-4063

Work Address: 107 N. Main St. Room 107 SH, Concord, NH

Office/Appointment/Employment held: 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. 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: RECEIVED

Post Office Address: DEC 30 2014

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: OMNI Mount Washington Resort

Name of Corporate/Entity Representative: Calvin Belknap 603-278-8800

Work Address of Representative: 310 Mt. Washington Rd Bretton Woods, NH 03575

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

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. [] Exact [X] Estimate

Value of Expense Reimbursements: 300.00 Date Received: 12/18/14 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:

North Country Tour

"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: [Signature] Date Filed: 12/29/14