STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name:	Michael	S	Giaimo	_ Work Phone No.	(603) 271-2290
	First	Middle	Last		
Work A	ddress: 21 South	r Fruit Street, Suite 1	0, Concord, NH 033	01.2429	
Office/	Appointment/Emp	oloyment held: Com	missioner, NH Publi	c Utilities Commissio	on
		•			
or exper	se reimbursement. ion or entity in ma	When the source is a c	orporation or other en	tity, the name and work	ne source of any reportable honorarium address of the person representing the addition to the name of the corporation
Source	of Honorarium o	or Expense Reimburs	sement:		
Name o	f source:				
		First	Middle		Last
Post Of	fice Address:				
Occupa	tion:				RECEIVED
Principal Place of Business:					
If source is a Corporation or other Entity:					DEC 0 5 2018
Name of Corporation or Entity: Business & Industry Association					NEW HAMPSHIRE DEPARTMENT OF STATE
		•		n, Director of Public I	Policy
Name C	or Corporate/Entit	y Representative. K	amerine A. Lennam	i, Director of Fublic 1	Oney
Work Address of Representative: 122 North Main Street, Concord, NH 03301					
		6.00 Date Received I identify the value as a		exact value is unknown X Estimate	n, provide an estimate of the value of -
	f Expense Reimburs hed to this filing.		te Received:timate	A copy of the agen	da or an equivalent document must
Briefly	describe the service	or event this Honoraria	ım or Expense Reimbu	rsement relates to:	
New H	ampshire Leadershi	p Summit at the Mounta	in View Grand Resort,	Whitefield, NH	
"I have a		hereby swear or affirm	that the foregoing info	ormation is true and con	nplete to the best of my knowledge
][[]	med 1	A		12/4/	18
Signatur	e of Filer			Date I	Filed

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