## STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: Nicole	Lavoie	Work Phone No.	
First Mic	ddle Last		
Work Address: OPLC - 7 Eagle	Square Concord NH 0	3301-4980	
Office/Appointment/Employment h	neld: Physical Therapy (	Governing Board member	er
List the full name, post office address, or expense reimbursement. When the s corporation or entity in making the hor or entity.	source is a corporation or other	r entity, the name and work add	ress of the person representing th
Source of Honorarium or Expense	e Reimbursement:		
Name of source:			
First	Middle		Last
Post Office Address:			
Occupation:			
Principal Place of Business:			
If source is a Corporation or other			
Name of Corporation or Entity:	ederation of State Boa	ards of Physical Therapy	
Name of Corporate/Entity Represen			
Work Address of Representative:	124 S West St Alexand	dria VA 22314	
Value of Honorarium: \$3000 Date the gift or honorarium and identify the	te Received: ne value as an estimate. Ex	_If exact value is unknown, pre act Estimate X	ovide an estimate of the value of
Value of Expense Reimbursement:	Date Received: Estimate	A copy of the agenda of	or an equivalent document must
Briefly describe the service or event th	nis Honorarium or Expense Re	eimbursement relates to:	
Meeting of delegates on FSBP	Υ		
"I have read RSA 15-B and hereby sw and belief."	ear or affirm that the foregoin	g information is true and comple	ete to the best of my knowledge
Signature of Filer	r	5/10/2023	3
Signature of Filer		Date Filed	3

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, 107 North Main Street, State House Room 204, Concord, NIRECEIVED

MAY 1 0 2023 NEW HAMPSHIRE DEPARTMENT OF STATE