STATE OF NEW HAMPSHIRE

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

RECEIVED

AUG 0 1 2024





Type or Print all Information Clearly:

Name: PRADI	P	CHATTOPADHYAY			Work	Phone No.	603-27/2290		
First		Middle		Last					
	21, Sout						NH NH	0330	
Office/Appointr	nent/Employme	nt held:	NHPUC	Commi	scon	ur			
or expense reimbi	irsement. When t	he source is a	corporation	or other entity	, the na	me and work	address o	f any reportable honorariu f the person representing th the name of the corporation	
Source of Hono	rarium or Expe	ense Reimbu	rsement:						
Name of source									
	Fi	rst		Middle			Last		
Post Office Add	ress:								
Occupation:									
	of Business:								
	orporation or o								
Name of Corpor	ration or Entity:	Rocky							
Name of Corpor	ate/Entity Repr	esentative:	Kaja 1	Rebane 217-003	(
Work Address o	f Representativ	e: K	rebanile	; rm1.01	9				
Value of Honorar the gift or honora	ium: \$75.00	Date Receive by the value as	July 1. s an estimate.	Exact	ct value E	is unknown,	provide a	n estimate of the value of	
Value of Expense be attached to this	Reimbursement: s filing. Exac	I	Date Received Estimate	:	_A copy	of the agend	la or an e	quivalent document must	
Briefly describe the Market NARU	ation on	erform	ance Bas	nse Reimburs Led Regu Jest Pal	alio	n durin	g lu (14	uch on 07-15-1 th July - 174 July	
"I have read RSA and belief."	15-B and hereby	swear or affi	rm that the fo	regoing inform	nation is	s true and con	plete to the	ne best of my knowledge	
Set	the state of the s				J	uly 31,	2024		
Signature of Filer						Date F	iled		

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, NH 03301