## STATE OF NEW HAMPSHIRE

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

## RECEIVED

SEP 06 2023

NEW HAMPSHIRE DEPARTMENT OF STATE



Type or Print all Information Clearly:

Name: rocci	E. Middle	Neloc	Work Phone No.	603-271-2353	5
Work Address:	Eagle SQ,	Ste 300 C	oncord, NH	03301	
Office/Appointment/	Employment held:	board Adm	ninistrator		
or expense reimbursem	ent. When the source is a	corporation or other ent	ity, the name and work	source of any reportable laddress of the person reprediction to the name of the	esenting the
Source of Honorari	um or Expense Reimbui	rsement:			
Name of source:	First	) Middle	****	Last	
Post Office Address:					
Occupation:					
Principal Place of Bu	usiness:	â14			
If source is a Corpor	ration or other Entity:				
Name of Corporation	or Entity: AAVS	В			_
Name of Corporate/I	Entity Representative:	Lainie Fro	anklin Men	ber Services	Concier
Work Address of Re	presentative: 1210	W. 110th S	H., Suite 300	ber Services of Overland Pr	WK, KS
	Date Received and identify the value as			provide an estimate of the	value of
		ate Received:stimate	A copy of the agent	la or an equivalent docum	ent must
	rvice or event this Honorar	^ ^			
"I have read RSA 15-B and belief."	and hereby swear or affir	m that the foregoing inf	ormation is true and cor	nplete to the best of my kn	owledge
Signature of Filer	Willer		7 31 Date F	23	

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