

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Cindy Rosenwald Work Phone No. 271-3165

Work Address: 101 Wellington St. Nashua 03064

Office/Appointment/Employment held: State rep.

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.

Source of Honorarium or Expense Reimbursement:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: WAND/WILL

Name of Corporate/Entity Representative: Adji Vokhiwa

Work Address of Representative: 322 4th St. NE Washington DC

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

Value of Honorarium: 1667 Date Received: 10-21-15 exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: _____ Date Received: _____ A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: WAND/WILL biannual meeting

"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."

Cindy Rosenwald Signature of Filer 10-21-15 Date Filed