STATE OF NEW HAMPSHIRE

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

JUN 2 7 2023 NEW HAMPSHIRE DEPARTMENT OF STATE



Work Phone No. 603 271 6003

Type or Print all Information Clearly:

Name: Joshua

First	Middle	Last			
Work Address: 21 5	Fruit St, Suit	e 10 Cor	cord, NH	03301	
	ployment held: Director,				
or expense reimbursement.	ice address, occupation, and p When the source is a corporat king the honorarium or expens	ion or other entity,	the name and work	address of the person	representing the
Source of Honorarium of	or Expense Reimbursemen	t:			
Name of source:	First	Middle		Last	
	rirst	Middle		Last	
Post Office Address:					
Occupation:					
Principal Place of Busine	ess:				
If source is a Corporation	on or other Entity:				
Name of Corporation or	Entity: New Hanpshire	= Housing			
Name of Corporate/Entity	y Representative: <u>Gra</u>	ce Lessner			
Work Address of Represe	entative: 32 Constit	tion Drive,	Bedford N	4 03110	
Value of Honorarium: \$90 the gift or honorarium and	Date Received: 6/9 I identify the value as an estim	1/2623 If exact	t value is unknown, Estimate X	provide an estimate	of the value of
Value of Expense Reimburs be attached to this filing.	Sement: Date Rece Exact Estimate _	ived:	A copy of the agend	da or an equivalent d	locument must
Briefly describe the service	or event this Honorarium or E	Expense Reimburser	ment relates to:		
Multip family house "I have read RSA 15-B and and belief."	peing on a panel on fing conference. Howard hereby swear or affirm that the	energy effici	of lunch follows ation is true and con	neg federal fund	ing at an army gift my knowledge
Andre 11.50/2	H		6/22/202	23	
Signature of Filer	1		Date F	iled	

Elliot

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