

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: NANCY J ETTELSON Work Phone No. 603 717 6853
First Middle Last

Work Address: 110 SMOKEY BEAR BOULEVARD

Office/Appointment/Employment held: NH DOS TRAMWAY/AMUSEMENT RIDE INSPECTOR

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. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

APR 08 2014

NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: STAR LIFTS

Name of Corporate/Entity Representative: PETER KAVANAUGH

Work Address of Representative: 52 DEPOT RD. SUNAPEE NH 03782

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

Value of Honorarium: \$100.00 Date Received: APRIL 14/15 2014 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. Exact Estimate

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

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

ANNUAL AUTHORITIES HAVING JURISDICTION MEETING IN CONDUCTION WITH LIFT MAINTENANCE SEMINAR

"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."

Nancy J. Ettlson
Signature of Filer

4/7/14
Date Filed

9/07

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, State House Room 204, Concord, NH 03301