

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Chelsey Swanson Work phone #: (888) 469-7789

Work address: 20855 Kensington Blvd. Lakeville, MN 55044

Office/Appointment/Employment held: ImageTrend

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.

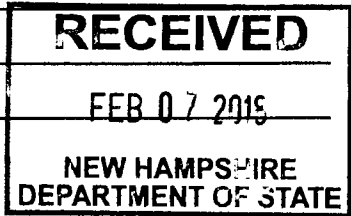
Source of Honorarium or Expense Reimbursement:

Name of source: Work phone #:

Post Office address:

Occupation:

Principal place of business:



If source is a corporation or other entity:

Name of corporation or entity: ImageTrend

Name of corporate/entity representative: Chelsey Swanson

Work address of representative: 20855 Kensington Blvd. Lakeville, MN 55044

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

Value of honorarium: \$1,097.00 Date received: 7/19/2017

If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Exact: \$1,097.00 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:

Registration and hotel fees covered for speaking at one of the sessions.

"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."

Signature of filer: [Signature] Date filed: 3/10/17

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

copy to Kyra v