

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Laura Catherine Pantelakas Work Phone No. NA

Work Address: NA

Office/Appointment/Employment held: State Representative

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: Boston Harbor Cruise

Post Office Address:

Occupation: Ferry Service RECEIVED

Principal Place of Business: Boston Mass JUN 15 2015

If source is a Corporation or other Entity:

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Corporation or Entity:

Name of Corporate/Entity Representative:

Work Address of Representative:

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

Value of Honorarium: \$88.75 Date Received: 6/10/15 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] 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:

Promote of Port. which I am a member went to Plover to see if they were interested in a ferry from Portsmouth Plover

Signature of Filer: Laura C. Pantelakas

Date Filed: 6/18/2015