

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
First Middle Last

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. 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: _____

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NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Innovation Exchange

Name of Corporate/Entity Representative: John Maguire

Work Address of Representative: 450 E 17th Ave. Suite 310, Denver CO 80211

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

Value of Honorarium: 1162.00 Date Received: 10-3-15 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:

State Innovation Exchange legislative conference

"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