RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C) For Legislators and Legislative Employees



TURN OVER TO CONTINUE

DEC 21 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:
Name: MICHTEL COSTABLE Work Phone No.: 603-303-52/7
First Middle Last
Work Address:
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, expense reimbursement, ticket or free admission to a political, charitable, or ceremonial event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss official business, with a value greater than \$50.
Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:
Name of Source: SASON OS BORNE
Post Office Address: 65 May Rocal Auburn 16'H 03837
Name of Source: JASON First Middle Last Post Office Address: 65 Minu Road Auburn 10H 03E3Z Occupation: Representative, Business Owner
Principal Place of Business:
If the source is a Corporation or other Entity:
Name of Corporation or Entity:
Name of Person Representing the Corporation/Entity:
Work Address of Person Representing the Corporation/Entity:
work Address of Ferson Representing the Corporation/Entity.
I am namenting:
I am reporting:
A ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00.
☐ Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00.
☐ An Honorarium with value over \$50.00.
Value of Honorarium: Date Received: If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. Exact
☐ An Expense Reimbursement with value over \$50.00.
Value of Expense Reimbursement: Date Received: 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
For a report relating to an honorarium or expense reimbursement, you are required to attach a copy of the agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities at the event. Indicate below the names of the sponsors of activities in cases where they are not indicated on the agenda or equivalent document.

the read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to est of my knowledge and belief." Signature of Filer SA 14-C:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter nowingly files a false report shall be guilty of a misdemeanor. Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301	NH GOP	=		-	meals or beverages:	
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