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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: CAROLYN M GARGASZ Work Phone No. 465-7463 (home)
First Middle Last

Work Address: NH House of Representatives

Office/Appointment/Employment held: State Representative Hillsborough Dist 5

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:
First Middle Last

Post Office Address: NOV 29 2006

Occupation: NEW HAMPSHIRE SECRETARY OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Greater Nashua Chamber of Commerce

Name of Corporate/Entity Representative:

Work Address of Representative: Nashua, NH

Value of Honorarium: \$85 Date Received: 11/14/06 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:

Chamber of Commerce annual dinner and meeting.

"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: Carolyn M. Gargasz

Date Filed: 11/27/06