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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: James Harold Lawrence Work Phone No. (603) 566-6920
First Middle Last

Work Address: Legislative Office Building, Rm 304, Concord NH

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. 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: N/A
First Middle Last

Post Office Address: N/A

Occupation: N/A

Principal Place of Business: N/A

If source is a Corporation or other Entity:

Name of Corporation or Entity: N/A

Name of Corporate/Entity Representative: N/A

Work Address of Representative: N/A

Value of Honorarium: N/A Date Received: N/A 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: N/A Date Received: N/A 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:

N/A

"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."

James D. Lawrence
Signature of Filer

6/13/06
Date Filed

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.