

✓ D.W.

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: John H Thomas Work Phone No. 528-5112
First Middle Last

Work Address: State House Concord NH

Office/Appointment/Employment held: Legislator

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: EPSCOR Office of Research Partnerships & Commercialization
First Middle Last

Post Office Address: Univ. of N.H. Gregg Hall Durham, N.H. 03842

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

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Name of Corporation or Entity: _____ NOV 22 2006

Name of Corporate/Entity Representative: _____

**NEW HAMPSHIRE
SECRETARY OF STATE**

Work Address of Representative: _____

Value of ^{Expenses} Honorarium: 1088.27 Date Received: 11-7 to 11-10-06 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: Legislative advisor to EPSCOR
EPSCOR Annual meeting in Lexington KY

"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."

John H Thomas
Signature of Filer

11.22.06
Date Filed