

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. 603-465-7463

Home Work Address: PO BOX 1223 HOLLS NH 03049

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.

Source of Honorarium or Expense Reimbursement:

Name of source: UNH Cooperative Extension Advisory Council

Post Office Address: UNH Durham, NH

Occupation:

Principal Place of Business:

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If source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Corporate/Entity Representative:

Work Address of Representative:

Value of Honorarium: \$ 25 Date Received: 9/26/07 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Dinner to meet UNH President Huddleston

"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 Gargasz

Date Filed: 9/27/07