

DWJ

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)

RECEIVED



AUG 15 2007

Type or Print all Information Clearly:

NEW HAMPSHIRE
SECRETARY OF STATE

Name: GEORGE N. KATSAKIDIS Work Phone No. 603-231-9587
First Middle Last

Work Address: RETIRES - STATE LEGISLATOR - STATE HOUSE

Office/Appointment/Employment held: N.H. HOUSE 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: N.H. LAKES ASSOCIATION
First Middle Last

Post Office Address: 3 SILK FARM RD. CONCORD, N.H. 03301

Occupation: RETIRED

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: N.H. LAKES ASSOCIATION

Name of Corporate/Entity Representative: MR & MRS - LAKE WINNIPAUWASKI

Work Address of Representative: RETIRED RESIDENTS OF LAKE WINNIPAUWASKI

Value of Honorarium: \$20. 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

Value of Expense Reimbursement: \$20. Date Received: AUG '07 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:

TOUR LAKE WINNIPAUWASKI - SPEED LIMIT BILL (LAKES ASSOC)

"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."

George N. Katsakidis
Signature of Filer

Aug 2007
Date Filed