

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Lari Mavrosian Work Phone No. [Redacted]

Work Address:

Office/Appointment/Employment held: State Rep.

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:

RECEIVED

Post Office Address:

FEB 07 2007

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 Dental Society

Name of Corporate/Entity Representative:

Work Address of Representative:

Value of Honorarium: 39 Date Received: 2-5-2007 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:

legislative information

"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: Loui Mavrosian

Date Filed: 2-7-2007

**New Hampshire Dental Society**

23 South State Street  
Concord, New Hampshire 03301  
603-225-5961

Greater Nashua Dental Society  
Legislator's Night  
February 5, 2007

**Value of Meal.....\$39.00**