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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Andrew Renzullo Work Phone No. 882-8962

Work Address:

Office/Appointment/Employment held:

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: Greater Nashua Dental Society RECEIVED

Post Office Address: FEB 06 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: 23 South State Street, Concord, NH 03301

Value of Honorarium: \$39 Date Received: 2/5/07 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:

Meal at meeting. Legislator's Night

"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: Andrew Renzullo

Date Filed: 2/6/07

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