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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: George D Winchell Work Phone No. _____
First Middle Last

Work Address: _____

Office/Appointment/Employment held: State Representative Rock Dist 6

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: _____
First Middle

RECEIVED

Post Office Address: _____ JUL 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: NH Association of Chiefs of Police

Name of Corporate/Entity Representative: Chief Ed Garone - Secretary

Work Address of Representative: Derry Police Dept. One Municipal Dr. Derry NH 03038

Value of Honorarium: _____ 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: 370.12 Date Received: 6-19/2007 *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 Business - Representing Criminal Justice Committee

"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]
Signature of Filer

7-5-07
Date Filed

5/06

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301



The BALSAMS

Grand Resort Hotel

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 Tel.: (603) 255-3400 • FAX (603) 255-4221
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 Canada)
 (800) 255-0800 (NH)

FOLIO	ROOM NO.	GUEST NO.
6A20R2	J214	6A4540

RATE PACKAGE	NO. IN PARTY	DEPOSIT REC'D.
JB7CPA	2	\$370.12

RATE/PACKAGE DESCRIPTION
CHIEF OF POLICE ASSN

NAME AND ADDRESS
Winchell, Mr. & Mrs. George 60 East Rd Atkinson, NH 03811-2220

ARRIVAL DATE	DEPARTURE DATE
06/19/07	06/20/07

ADDITIONAL INFORMATION

DATE	DESCRIPTION	CHARGES	PAYMENT
06/19/07	PKG J214 1 CHIEF OF POLICE ASSN	\$298.00	
06/19/07	JGR-PK J214 1 Service Charge	\$44.70	
06/19/07	JTAX J214 1 Rooms & Meal Tax	\$27.42	
06/20/07	CLC J214 1 C/L6A20R9-*NHACP, Rooms		\$370.12
06/19/07	JTEL J214 2 16033624249 10 (23:20)	\$1.00	

Subtotals =====
 \$371.12 \$370.12
 =====
 BALANCE DUE \$1.00

RECEIVED
 JUL 06 2007
 NEW HAMPSHIRE
 SECRETARY

