

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Nicole A Brassard Work Phone No. 271-3173

Work Address: 50 Storms Street Concord NH 03302

Office/Appointment/Employment held: Wine Marketing Specialist

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: _____ RECEIVED

Post Office Address: _____ SEP 28 2010

Occupation: _____ NEW HAMPSHIRE

Principal Place of Business: _____ DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Winebow + Southern Wine + Spirits of N.E.

Name of Corporate/Entity Representative: Randy Barnhart

Work Address of Representative: 78 Regional Dr. Concord, NH 03301

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 []

Value of Honorarium: \$1,800.00 Date Received: Sept 20, 21, 22 2010 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [x] 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:

Wine Educational Event + Tasting

"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: Nicole Brassard

Date Filed: 9/23/10