

WV ✓

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



Type or Print all Information Clearly:

Name: Kelly Fleese Work Phone No. 669-0113 Tlx
First Middle Last

Work Address: 195 Mc Gregor St
Mill West Corp Center

Office/Appointment/Employment held: Manchester Voc Rehab.

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: Mary Ann Bedick
First Middle Last

Post Office Address: 500 Salisbury Street, Worcester, MA 01609

Occupation: RCEP Region Training Coordinator

Principal Place of Business: Assumption College

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If source is a Corporation or other Entity:

JAN 26 2007

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

**NEW HAMPSHIRE
SECRETARY OF STATE**

Work Address of Representative: _____

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: 35.50 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:

I am committee meeting for Vocational Rehab. Conference

"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."

Kelly Fleese
Signature of Filer

1/24/07
Date Filed