

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



Type or Print all Information Clearly:

Name: Betina M Geco Work Phone No. 271-3993
First Middle Last

Work Address: 21 South Fruit St, Ste 201 Concord NH 03301

Office/Appointment/Employment held: Program 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: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Assumption College

Name of Corporate/Entity Representative: Mary Ann Bedick

Work Address of Representative: 500 Salisbury St, Worcester, MA 01609

Value of Honorarium: ~~0.00~~ Date Received: ~~02/07~~ 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: 835.75 Date Received: 9/8/07 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:

Quarterly Mtg

"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."

Betina Geco
Signature of Filer

9/17/07
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

VENDOR NO. 30112 CHECK NO. 124377 INTERNAL USE

Greco, Tina

INVOICE	DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
MILEAGE 8/2007	08/27/2007	\$35.75	\$0.00	\$35.75



PLEASE DETACH BEFORE DEPOSITING