

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



Type or Print all Information Clearly:

Name: Joseph Damien Kenney Work Phone No. 271-3073  
First Middle Last

Work Address: 33 North State Street, Concord, NH 03301

Office/Appointment/Employment held: state senate

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: Kathy Salisbury  
First Middle Last

Post Office Address: 8 Garrison Ave, Durham, NH 03824

Occupation: Gov Affairs Director

Principal Place of Business: Durham, NH

If source is a Corporation or other Entity:

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Name of Corporation or Entity: \_\_\_\_\_

MAR 29 2007

Name of Corporate/Entity Representative: \_\_\_\_\_

NEW HAMPSHIRE  
SECRETARY OF STATE

Work Address of Representative: \_\_\_\_\_

Value of Honorarium: \*25.00 Date Received: 12/06 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: \_\_\_\_\_ 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:

UNIT Hockey Game St Lawrence versus UNIT

"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."

Joseph D. Kenney  
Signature of Filer

03/29/07  
Date Filed