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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ~~PA~~ Sheila D. Renaud-Finnegan Work Phone No. 603 668 3050
First Middle Last

Work Address: 1361 Elm St Manchester NH 03101

Office/Appointment/Employment held: Board of Mental Health Practice

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: ~~XXXXX~~
First Middle Last

Post Office Address: ~~Durham NH~~

Occupation: _____

Principal Place of Business: _____

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NEW HAMPSHIRE
SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: UNH

Name of Corporate/Entity Representative: Karen O'Neil, School of Social Work

Work Address of Representative: Durham NH 03824

Value of Honorarium: \$100 Date Received: 5/2007 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:
presentation

"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: Sheila Renaud-Finnegan

Date Filed: 9/7/07