

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: TIMOTHY BUTTERWORTH Work Phone No. 363-8076

Work Address: 72 North Hinsdale Rd.

Office/Appointment/Employment held: Representative

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.

RECEIVED

Source of Honorarium or Expense Reimbursement:

Name of source: The Keene Sentinel

JAN 15 2008

Post Office Address: 60 West St PO Box 546

NEW HAMPSHIRE SECRETARY OF STATE

Occupation: Newspaper

Principal Place of Business: Keene, NH - 03431

If source is a Corporation or other Entity:

Name of Corporation or Entity: The Keene Sentinel Publishing Corporation

Name of Corporate/Entity Representative: Guy MacMillin, opinion page

Work Address of Representative: 60 West St PO Box 546

Value of Honorarium: \$60 Date Received: 12/20/06 - 3/31/06 - 5/31/06 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [] Estimate

Value of Expense Reimbursement: 0 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:

4 articles for the newspaper

"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: Timothy Butterworth

Date Filed: 1/14/07