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**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Kathryn G. Dodge Work Phone No. 271-2555 x 350  
First Middle Last

Work Address: 3 Barrell Court, Suite 300, Concord, NH 03301-8543

Office/Appointment/Employment held: Executive Director, NH Postsecondary Education Commission

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

Post Office Address: \_\_\_\_\_  
JUL 07 2008

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

**RECEIVED**  
NEW HAMPSHIRE  
SECRETARY OF STATE

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: Great Bay Community College

Name of Corporate/Entity Representative: President Wil Arvelo

Work Address of Representative: 277 Portsmouth Ave., Stratham, NH 03885

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: 100.00 Date Received: 5-23-08 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:

Graduation Keynote Speaker

"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 [Handwritten Signature]

6-30-08  
Date Filed

9/07  
**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