

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: [Handwritten Name] Work Phone No. [Handwritten Number]

Work Address: [Handwritten Address]

Office/Appointment/Employment held: [Handwritten Title]

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.

Source of Honorarium or Expense Reimbursement:

RECEIVED

Name of source: [Handwritten Name]

DEC 14 2009

Post Office Address: [Handwritten Address]

NEW HAMPSHIRE DEPARTMENT OF...

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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

Value of Honorarium: _____ Date Received: _____ 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: [Handwritten Amount] Date Received: _____ A copy of the agenda or an equivalent document must be attached to this filing. [X] Exact [] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: [Handwritten Description]

"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]

Date Filed [Handwritten Date]