

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



Type or Print all Information Clearly:

Name: Kenneth J. Relihan Work Phone No. 276-6151  
First Middle Last

Work Address: 101 Pleasant St., Concord

Office/Appointment/Employment held: Social & Studies Consultant

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 Last

RECEIVED

Post Office Address: \_\_\_\_\_

AUG 14 2009

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

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

NEW HAMPSHIRE  
SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Gibbs M. Smith, Inc.

Name of Corporate/Entity Representative: Hollie Keith

Work Address of Representative: 570 North Sportsplex Dr., Keaysville, UT

Value of Honorarium: \$700.00 Date Received: 8/5/09 If exact value is unknown, provide an estimate of 84037  
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:

Reviewer for textbook - "New Hampshire, Our Home"

"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."

Kenneth J. Relihan  
Signature of Filer

8/11/09  
Date Filed