

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Jennifer Rachel Coffey Work Phone No (603) 748-1905

Work Address: 747 Beacon Hill Rd. Andover, NH 03216

Office/Appointment/Employment held: Legislator

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:

Name of source: Knife Rights, INC.

Post Office Address: PO Box 657 Gilburt, Arizona 85299-0657

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Corporate/Entity Representative: Doug Ritter Executive Director

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.

Value of Expense Reimbursement: 259.92 Date Received: 6/6 A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Hotel expense incurred for attendance to Speaker's Bureau Awards

"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: Jennifer Coffey

Date Filed: 6/29/10

RECEIVED

JUN 29 2010

NEW HAMPSHIRE DEPARTMENT OF STATE

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