

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Robert J. ELLIOTT Work Phone No. 893 0402

Work Address:

Office/Appointment/Employment held: Rep.

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: Robert J. ELLIOTT

Post Office Address: 44 CENTERVILLE DR. SALEM, N.H 03079

Occupation: Rep.

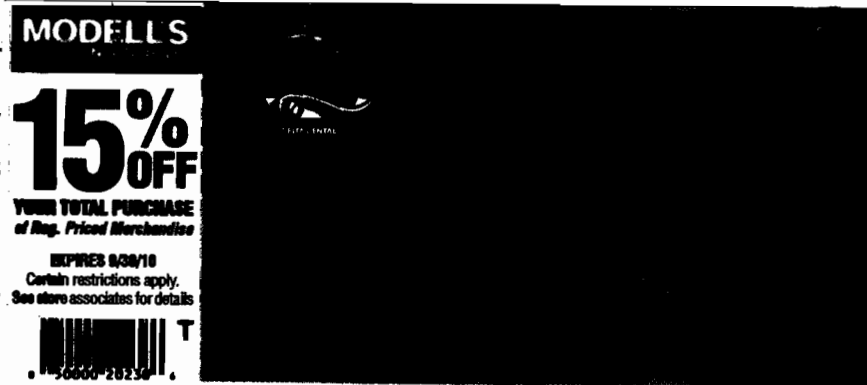
Principal Place of Business:

If source is a Corporation or other:

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: 32.00 Date Received: 6/28/10 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: 32.00 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:

Presentation of \$1,000 Concord Scholarship to a constituent

"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: Robert J. Elliott

Date Filed: 6/29/10

RECEIVED

JUN 29 2010

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

NEW HAMPSHIRE DEPARTMENT OF STATE