

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: MOLLY M. KELLY Work Phone No. 603-271-2111

Work Address: STATE HOUSE 107 N. MAIN ST. CONCORD, NH 03301

Office/Appointment/Employment held: STATE SENATOR

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 MAR 29 2010

Name of source: \_\_\_\_\_

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

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

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

If source is a Corporation or other Entity:

Name of Corporation or Entity: USNH NEBHE-NEW ENGLAND BOARD OF HIGHER EDUCATION

Name of Corporate/Entity Representative: PHYLLIS MAGUIRE - ACCT. COORDINATOR

Work Address of Representative: 45 TEMPLE PLACE, BOSTON, MA 02111

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

Value of Honorarium: \$235.10 Date Received: 3/5/10 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [checked] 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:

REGIONAL EXCELLENCE AWARD RECIPIENTS

"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: 3/29/10