STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B

Type or Print all Information Clearly:

Name: ____________________________________________    Work Phone No.  _____________________
First                                       Middle                                          Last

Work Address: _______________________________________________________________________________

Office/Appointment/Employment held: ____________________________________________________________

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

Post Office Address:  __________________________________________________________________________

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: ________________________________________________________________

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: ________   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:

____________________________________________________________________________________________________

“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         Date Filed

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, 107 North Main Street, State House Room 204, Concord, NH 03301

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Please complete the following information on the filing person.

This information will not be made public:

Home Phone: ________________________

Home Address: _____________________________________________________________________

Street                  Town/City                  Zip

Mailing Address if different: ___________________________________________________________________________

E-mail Address: ____________________________________________