

6/30/2011 REVISED SUBMISSION

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: DAVID S. Robbins Work Phone No. 603-271-3458

Work Address: 206 HOB, STATE HOUSE, CONCORD, NH

Office/Appointment/Employment held: STATE REPRESENTATIVE 11/16/09 to 4/26

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

Name of source: JUN 30 2011

Post Office Address: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH CENTER FOR NON-PROFITS

Name of Corporate/Entity Representative:

Work Address of Representative: 84 SILK FARM RD SCATEL, CONCORD NH 03301 603-225-1947

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

Value of Honorarium: 25.00 Date Received: 6/24/11 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: Date Received: 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:

6/24/2011 CONFERENCE scholarship \$25.00 OF \$50.00 total tuition

"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: David S. Robbins

Date Filed: 6/30/2011

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

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: DAVID S. Robbins Work Phone No. 603-271-3458

Work Address: 206 LEOB CONCORD, NH COMMITTEE ON CHILD + FAMILY LAW

Office/Appointment/Employment held: STATE REPRESENTATIVE Hillsborough 26

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

JUN 29 2011

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH Center for Non-Profits

Name of Corporate/Entity Representative: _____

Work Address of Representative: 84 Silk Farm RD Suite 1 CONCORD NH 03301 603-225-1947

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

Value of Honorarium: 18.00 Date Received: 6/24/11 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: 25.00 Date Received: 6/24/2011 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: I attended the conference. Total tuition was 50.00. I paid 25.00 & received a \$25.00 scholarship. At the close of the conference each participant was given a ticket at no cost. The Attorney General drew stubs for 4 prizes. I won a prize, 2 tickets to a craft show worth 9.00 each.

Signature of Filer: David S. Robbins

Date Filed: 6/29/2011

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