STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: PETER (First) L (Middle) SILVA (Last) Work Phone No. 781-760-4745

Work Address: 90 Hutson Rd Canton MA 02021

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: Canadian Gov.

Name of Corporate/Entity Representative: Patrick Binns Canadian Consulate

Work Address of Representative: 3 Copley Pl. Suite 400 Boston MA 02116

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

Value of Honorarium: 265.60 Date Received: 2-25-26-2011 *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:

Border Tour for NH State Legislators

"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 12-9-11

RECEIVED

DEC 09 2011

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