

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Molly Kelly Work Phone No. 271-3207

Work Address: 107 N Main St Rm 120, SH

Office/Appointment/Employment held: 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:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Center for Women Policy Studies

Name of Corporate/Entity Representative: Amy Bain

Work Address of Representative: 1776 Massachusetts Ave, NW Suite 450 Washington, DC

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

Value of Honorarium: \$1,000 Date Received: 11/3/11 - 11/6/11

Value of Expense Reimbursement: \$200 Date Received: 11/3/11

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

National Seminar (see attached)

"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

11-14-11 Date Filed

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

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE