STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Molly Kelly (First / Middle / Last) Work Phone No. 271-3207

Work Address: 107 N. Main St Rm. 120, SH Concord

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. 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: Cohen Center for Holocaust + Genocide Studies

Name of Corporate/Entity Representative: Tom White - Keene State College

Work Address of Representative: 229 Main St, Keene

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

Value of Honorarium: $350 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:

Participation in the Core Leadership Training Institute at the Holocaust Museum in D.C.

"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: Molly M. Kelly Date Filed: 11/14/11

RECEIVED

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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 gives a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301