

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Tom Keane Work Phone No. _____
First Middle Last

Work Address: Retired

Office/Appointment/Employment held: State Rep Merrimack 13

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: Cancer Treatment Center

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Cancer Treatment Centers of America

Name of Corporate/Entity Representative: Gina Mezere

Work Address of Representative: 2520 Elisha Ave, Zion, IL 60099

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

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: Airline ticket 1303.40

I was not reimbursed for any expense I incurred but I received an Airplane ticket to visit the P.A. Hospital est value \$350.00
'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

1/28/12 Date Filed

RECEIVED
JAN 31 2012
NEW HAMPSHIRE
SECRETARY OF STATE