STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Type or Print all Information Clearly:
Name: Diana E. Fenten Work Phone No. 603-271-3189
Work Address: Dept of Education - Office of the Commissione 1 101 Plea
Office/Appointment/Employment held: Atorney
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: TinQ First Middle Last
Post Office Address:
Occupation: Teacher
Principal Place of Business: Manchester High School West
If source is a Corporation or other Entity:
Name of Corporation or Entity:
Name of Corporate/Entity Representative:
Work Address of Representative:
Value of Honorarium: Date Received: 3/9/8 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
Presenting at MIS. Mullawry's high school can
Thave 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." July

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

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