## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



| pe or Print all Information Clearly:  |
|---|
| ame: Martin James Conbey III Work Phone No. 603. 371.0431   |
| ork Address: 150 River Mead Road Peterborough NH 03458  |
| ffice/Appointment/Employment held: Same as a bone   |
| st the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honoraria expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing to reportation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation entity.  |
| ource of Honorarium or Expense Reimbursement:   |
| ame of source:  First Middle Last   |
| First Middle Last   |
| ost Office Address:   |
| ccupation:  |
| incipal Place of Business:  |
| source is a Corporation or other Entity:  |
| ame of Corporation or Entity:   |
| ame of Corporate/Entity Representative:   |
| ork Address of Representative:  |
| ood and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00  |
| alue of Honorarium: Date Received: If exact value is unknown, provide an estimate of the value of the value of the value as an estimate. □ Exact □ Estimate   |
| alue of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must entached to this filing.   Exact   Estimate   |
| riefly describe the service or event this Honorarium or Expense Reimbursement relates to:   |
| have read RSA 13-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge delief."    12   20   20       Date Filed   Date   Date |

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