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MAY 22 2017

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C) For Legislators and Legislative Employees

Type or Print all Information Clearly:

Name: DENNIS J MALLOY Work Phone No.: 603970-1827
Work Address: LOB 202
Office/Appointment/Employment held: STATE REP

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium, expense reimbursement, ticket or free admission to a political, charitable, or ceremonial event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss official business, with a value greater than \$50.

Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:

Name of Source:
Post Office Address:
Occupation:
Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: LINCOLN INSTITUTE OF LAND POLICY, Cambridge MA
Name of Person Representing the Corporation/Entity: Daphne Kenyon
Work Address of Person Representing the Corporation/Entity: 113 BRATTLE STREET Cambridge MA 02138

I am reporting:

- A ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00.
Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00.
An Honorarium with value over \$50.00.

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

An Expense Reimbursement with value over \$50.00.

Value of Expense Reimbursement: \$500 Date Received: 5/12/2017 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

For a report relating to an honorarium or expense reimbursement, you are required to attach a copy of the agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities at the event. Indicate below the names of the sponsors of activities in cases where they are not indicated on the agenda or equivalent document.

TURN OVER TO CONTINUE

Provide a brief description of the service or event that gave rise to this Honorarium, Expense Reimbursement, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages:

Attendance at Seminar - Economic perspectives on State & Local taxes

"I have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Handwritten Signature]
SIGNATURE OF FILER

5/19/2017
DATE FILED

RSA 14-C:7 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

