

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Laurie Harding Work Phone No. 603-667-7734

Work Address: 56 Jenkins Rd. Lebanon, NH 03766

Office/Appointment/Employment held: State Representative

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.

Source of Honorarium or Expense Reimbursement:

Name of source: [crossed out]

Post Office Address: [crossed out]

Occupation: [crossed out]

Principal Place of Business: [crossed out]

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If source is a Corporation or other Entity:

Name of Corporation or Entity: IHA Endowment for Health

Name of Corporate/Entity Representative: Mary Kaplan

Work Address of Representative: 14 South St. Concord, NH 03301

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

Value of Honorarium: Nil Date Received: 11/17 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \$1500 Date Received: 04/3-04/5 2011 copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Endowment for Health sent a group of IHA officials to the National Academy of State Health Policy to the annual meeting.

"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: Anna L. Harding Date Filed: 11/21/11

9/07 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

* Agenda too complex to copy & send. It can be found on http://www.nashpconference.org/