STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Jose T. Montero (First / Middle / Last) Work Phone No. 271-4612

Work Address: 29 Hazen Drive, Concord, NH 03301

Office/Appointment/Employment held: Director - DPHS

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)

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SECRETARY OF STATE

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Duke University - Policy & Organization Management Program

Name of Corporate/Entity Representative: Dr. Pikue Tu, Director

Work Address of Representative: 2204 Erwin Rd., Box 90402 Franklin Center, Durham, NC 27708-0402

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

Value of Honorarium: ~~40,500~~ XXXXXX. 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 XX Estimate

Value of Expense Reimbursement: 10,500. Date Received: _____ ***A copy of the agenda or an equivalent document must be attached to this filing.*** ☐ Exact XXXEstimate

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

Duke University directly paid flight, hotel and meals. There was neither honorarium or reimbursement received

"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 _____ Date Filed 5/16/11

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