

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Karla R. Armenti Work Phone No. 271-8425

Work Address: 29 Hazen Dr. Concord, NH 03301

Office/Appointment/Employment held: Sr. Management Analyst, Occupational Health Surveillance Program

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: UCONN Health Center and MA Dept. of Health (via CDC grant)

Name of Corporate/Entity Representative: _____

Work Address of Representative: Farmington, CT & Boston, MA

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

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

Value of Expense Reimbursement: 203.84 Date Received: June 2014 A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [] Estimate

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

Northeast Regional Occupational Disease & Injury Surveillance Conference

"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: Karla R. Armenti Date Filed: 5-20-14

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

RECEIVED

MAY 21 2014

NEW HAMPSHIRE DEPARTMENT OF STATE