

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Lori A Shibinette Work Phone No (603) 271 9446
First Middle Last

Work Address: 129 Pleasant Street Concord, NH 03301

Office/Appointment/Employment held: NH Dept of Health and Human Services
Commissioner

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: Dean Kamen
First Middle Last

Post Office Address: 340 Commercial Street Manchester, NH 03101

Occupation: CEO, Deka

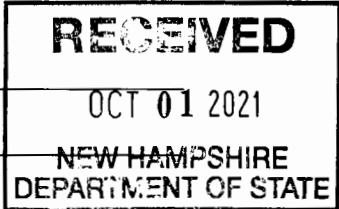
Principal Place of Business: Deka Research and Development
Manchester, NH

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____



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: 700.00 Date Received: 8-30-21 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:

Commissioner Shibinette along w/ Governor Sununu visited Kentucky to learn more about Covid 19 surge. This expense was for flight from New Hampshire to Frankfurt, Kentucky.

"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."

Lori Shibinette 9/28/21
Signature of Filer Date Filed

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, 107 North Main Street, State House Room 204, Concord, NH 03301