

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Linda April Massimilla Work Phone No. _____
First Middle Last

Work Address: State House 107 No. Main St. Concord

Office/Appointment/Employment held: 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. 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

RECEIVED

MAR 25 2016

Post Office Address: _____

NEW HAMPSHIRE
DEPARTMENT OF STATE

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Dartmouth Primary Care Research Network
Geisel School of Medicine @ Dartmouth
Dept. of Community & Family Medicine

Name of Corporate/Entity Representative: _____

Work Address of Representative: HB 7250 Hanover, NH 03755

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

Value of Honorarium: \$214 Date Received: Feb. 15th 2016 *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: _____ Date Received: _____ *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:
Spoke at and participated in a group discussion on the Substance Misuse Crisis at a conference sponsored by the Dartmouth CO-OP Project

"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."

Rep. Linda A. Massimilla Mar. 25 2016
Signature of Filer Date Filed

TO:
Linda Massimilla
 197 Orchard Hill Road
 Littleton, NH 03561-5535

1001

Dartmouth Primary Care Research Network
 Geisel School of Medicine at Dartmouth
 Department of Community & Family Medicine
 HB 7250
 Hanover, NH 03755

Invoice Date:
 3/03/16
 Customer ID:
 Roth, E.

Description	Total Cost	
2016 CO-OP Annual Meeting, February 5-7, 2016 Meal Plan: + Saturday Night:	<u>\$45.00</u>	<u>\$169</u>
	Subtotal	\$214.00
	Tax	\$0.00
	Shipping	\$214.00
	Amount Paid:	
	Balance Due:	\$214.00

**Please made check payable to:
 Dartmouth CO-OP Project**

Thank you!