

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Kathleen F. Bush Work Phone No. 603-271-1106
First Middle Last

Work Address: 29 Hazen Drive Concord, NH 03301

Office/Appointment/Employment held: Senior Management Analyst, DPHS, DHHS

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

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Council of State + Territorial Epidemiologists (CSTE)

Name of Corporate/Entity Representative: Jessica Wurster

Work Address of Representative: 2872 Woodcock Blvd., Suite 250, Atlanta, GA 30341

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: \$25.51 Date Received: 10/31/16 *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:

Attendance at CSTE-sponsored meeting on Life Expectancy.

"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."

Kathleen T. Bush
Signature of Filer

11/1/16
Date Filed

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

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NEW HAMPSHIRE
DEPARTMENT OF STATE



**SCALE (Sub-County Assessment of Life Expectancy) Meeting on
Visualization and Messaging
October 20-21, 2016
Atlanta, GA**

October 20, 2016

2:00 – 4:00 pm

Overview of SCALE Project

SCALE Experiences from Tracking Grantees: Florida, Maine, New
Hampshire, New York, Wisconsin

October 21, 2016

8:30 – 9:30 am

Welcome and Introductions

9:30 – 10:30am

Expert Panel LE Visualization Q & A

10:30 – 10:45am

Break

10:45 – 12:00pm

Expert Panel Messaging Q & A (continued)

12:00 – 1:00pm

Lunch

1:00 – 2:00pm

Open Discussion

2:00 – 3:00pm

Next Steps

3:00pm

Adjourn