

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Elizabeth Collins Work Phone No. 603-271-8181

First Middle Last

Work Address: 129 Pleasant Street, Thayer Building, Concord, NH 03301

Office/Appointment/Employment held: Administrator III

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: Association of Maternal Child Health Programs (AMCHP)

Name of Corporate/Entity Representative: Paige Bussanich

Work Address of Representative:

2030 M Street NW, Suite 350, Washington, DC 20036

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

Expenses paid: Airfare = 568; Hotel = \$300, Ground Travel - \$38; Per Diem = \$118

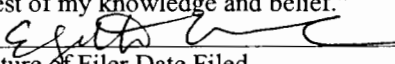
Total = \$1,024

Value of Expense Reimbursement: \$2,065.80 Date Received: airfare and hotel paid directly the rest reimbursed September 2016 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:

This training was funded by our federal funder to AMCHP as the organizer the purpose of this training was to acquire knowledge and skills that will support efforts to utilize telehealth for children with Autism and other Developmental Disabilities.

"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."

 6/7/18
Signature of Filer 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