

STATE OF NEW HAMPSHIRE  
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ARTHUR D MCKIBBIN Work Phone No. 603-359-7420  
First Middle Last

Work Address: 3 BAY DRIVE ENFIELD, NH 03748

Office/Appointment/Employment held: BOARD MEMBER; BOARD OF DENTAL EXAMINERS

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: COMMISSION ON DENTAL  
COMPETENCY ASSESSMENTS  
Name of Corporation or Entity: CDCA

Name of Corporate/Entity Representative: MR. JACK FELDSMAN

Work Address of Representative: PO Box 34781 BETHESDA, MD 20827

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

Value of Honorarium: \$1050 Date Received: IN PROCESS 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: \$671.38 Date Received: IN PROCESS 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:  
GRADING MANIKINS FOR DENTAL PRE-LICENSING EXAM (ADEX) FOR THE  
CDCA IN BALTIMORE, MD.

"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: [Handwritten Signature]

Date Filed: 12/28/2017

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

MAILED 12/29/2017

WG-01 Central Office Manikin Grading (Arthur M.)  
**Exam Logistics Packet for Arthur McKibbin, Jr.**

Tuesday, December 12

**Lodging**

**Embassy Suites Hotel - Baltimore at BWI**

1300 Concourse Drive  
Linthicum, MD 21090 US  
410-850-0747

**Facility**

No Facility Information

**Agenda**

Arrival day

Wednesday, December 13

**Lodging**

**Embassy Suites Hotel - Baltimore at BWI**

1300 Concourse Drive  
Linthicum, MD 21090 US  
410-850-0747

**Facility**

Central Office Scoring - Endo/Pros  
1304 Concourse Drive  
Suite 100  
Linthicum, MD 21090

**Agenda**

WG-01 Central Office Scoring  
Calibration  
3 PM ALL Examiners

Thursday, December 14

**Lodging**

**Embassy Suites Hotel - Baltimore at BWI**

1300 Concourse Drive  
Linthicum, MD 21090 US  
410-850-0747

**Facility**

Central Office Scoring - Endo/Pros  
1304 Concourse Drive  
Suite 100  
Linthicum, MD 21090

**Agenda**

WG-01 Central Office Scoring  
Manikin Grading

Friday, December 15

**Lodging**

**Embassy Suites Hotel - Baltimore at BWI**

1300 Concourse Drive  
Linthicum, MD 21090 US  
410-850-0747

**Facility**

Central Office Scoring - Endo/Pros  
1304 Concourse Drive  
Suite 100  
Linthicum, MD 21090

**Agenda**

WG-01 Central Office Scoring  
Manikin Grading