

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Cindy Rosemald Work Phone No. 271-3364

Work Address: 101 Wellington St. Nashua

Office/Appointment/Employment held: State rep

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.

Source of Honorarium or Expense Reimbursement:

Name of source: [Redacted]

Post Office Address:

Occupation:

Principal Place of Business:

RECEIVED MAY 07 2013 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Dental Lifeline Network

Name of Corporate/Entity Representative: Larry Coffee DDS

Work Address of Representative: 1800 15th St, Suite 100, Denver, CO 80202

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

Value of Honorarium: \$65 Date Received: [Redacted] If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: [Redacted] Date Received: 5/2/13 A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: dinner to discuss donated dental services

"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: Rosemald

Date Filed: 5-6-13