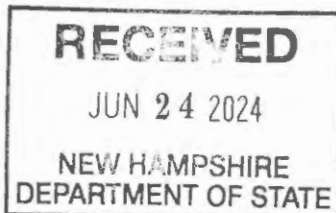


STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Claire L Timbar ^{cell} Work Phone No. (603) 860-7223
First Middle Last

Work Address: _____

Office/Appointment/Employment held: Vice Chair Board of Veterinary
Medicine

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: American Association of Veterinary State

Name of Corporate/Entity Representative: 877-698-8482 Lainie Franklin ^{Boards}

Work Address of Representative: 12101 W 110th St, Suite 300
Overland Park, KS 66210

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: _____ 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:

Delegate Funding Program for Board member members to attend
Annual Meeting

"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."

Claire L. Timbar 6/7/24
Signature of Filer Date Filed

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, 107 North Main Street, State House Room 204, Concord, NH 03301