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NOV 28 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C) For Legislators and Legislative Employees



Type or Print all Information Clearly:

Name: DAVID Joseph DANIELSON Work Phone No.: 603.714.5430

Work Address: FINANCE COMMITTEE, 608212

Office/Appointment/Employment held: Representative, Bedford Hillsborough District - 7

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium, expense reimbursement, ticket or free admission to a political, charitable, or ceremonial event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss official business, with a value greater than \$50.

Source of Honorarium, Expense Reimbursement, Ticket or Free Admission, or Meals and/or Beverages:

Name of Source: DARTMOUTH - HITCHCOCK MEDICAL SCHOOL

Post Office Address: 1 MEDICAL CENTER DRIVE, LEWIS, NH 03756

Occupation:

Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: DARTMOUTH - HITCHCOCK MEDICAL CENTER

Name of Person Representing the Corporation/Entity: MATTHEW BLODGE

Work Address of Person Representing the Corporation/Entity: 1 MEDICAL CENTER DRIVE, LEWIS, NH 03756

I am reporting:

- Meals and/or beverages consumed pursuant to RSA 14-C:4, II with value over \$50.00. (checked)
An Honorarium with value over \$50.00. (checked)
A ticket or free admission received pursuant to RSA 14-C:4, I with value over \$50.00. (unchecked)
Handwritten notes: HOTEL \$189.21, MEALS \$112.20

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.

An Expense Reimbursement with value over \$50.00.

Value of Expense Reimbursement: 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.

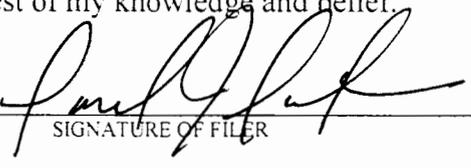
For a report relating to an honorarium or expense reimbursement, you are required to attach a copy of the agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities at the event.

TURN OVER TO CONTINUE

Provide a brief description of the service or event that gave rise to this Honorarium, Expense Reimbursement, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages:

IT WAS AN EDUCATION EXERCISE. WE LEARNED FROM MEDICAL STUDENTS ABOUT THEIR EDUCATION AND HOW THEY SELECT A SPECIALTY. IN ADDITION, ON DAY 2, I WAS ASSIGNED TO CHAIR NICEU AND FOLLOWED TEAMS THROUGH ROADS KNOWING HOW NURSES/DOCS ADDRESS THEIR PATIENTS.

"I have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."


SIGNATURE OF FILER

4.15.17
DATE FILED

RSA 14-C:7 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

