

V.D.W.

RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

OCT 26 2006



NEW HAMPSHIRE SECRETARY OF STATE

Type or Print all Information Clearly:

Name: Martha McLeod Work Phone No. 603-823-8041

Work Address: 348 wells Rd Franconia NH 03580

Office/Appointment/Employment held: NH House

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: State of Nebraska, Health + Human Services

Post Office Address: 301 Centennial Mall South, Lincoln NE 68507

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Nebraska Office of Public Health

Name of Corporate/Entity Representative:

Work Address of Representative: Same as above

Value of Honorarium: 200.00 Date Received: Requested 10/23/06 if exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [ ] Estimate

Value of Expense Reimbursement: 699.58 Date Received: Requested 10/23/06 A copy of the agenda or an equivalent document must be attached to this filing. [X] Exact [ ] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Conference Speaking engagement: Transforming Vital Public Health Systems

"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

10/23/06 Date Filed