

V-DW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: CYNTHIA J. Dokmo Work Phone No. 673-9400

Work Address: PO Box 7483, 21 Emerson Road, Milford, NH 03055

Office/Appointment/Employment held: State Rep Hills-6

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: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

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If source is a Corporation or other Entity:

Name of Corporation or Entity: Dartmouth - Hitchcock Medical Ctr

Name of Corporate/Entity Representative: Gina Balkus

Work Address of Representative: One Medical Ctr Lebanon, NH 03756

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

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.

Value of Expense Reimbursement: 303 Date Received: 4-24-07 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:

Project Medical Education

"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: Cynthia J. Dokmo

Date Filed: 4-16-07

9/07

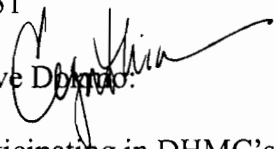
RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

November 19, 2007

The Honorable Representative Cynthia Dokmo  
PO Box 577  
Amherst, NH 03031

Dear Representative Dokmo:



Thank you for participating in DHMC's *Project Medical Education*. We are very pleased that you joined us for this educational, fact-finding program. We trust it met its intended goal of giving you a better understanding of the complex system of medical education and the role of a teaching hospital in patient care, teaching and research.

The information below will assist you in completing any necessary disclosure forms.

Program: Project Medical Education

Sponsor: Dartmouth-Hitchcock Medical Center

Dates: September 24-25, 2007

Total lodging expense: \$157

Total meal expense: \$108

Other expenses: White coat: \$23.00 Portfolio: \$15.00

Thank you again for your participation. Please contact me if you need additional information.

Sincerely,



Gina Balkus  
Director of Government Relations