

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Handwritten initials 'L' and 'dw' in the top right corner.

Type or Print all Information Clearly:

Name: Anna Marie Harding Work Phone No. 603-667-7734

Work Address: 56 Jenkins Rd. Lebanon, NH 03766

Office/Appointment/Employment held: Consultant

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.

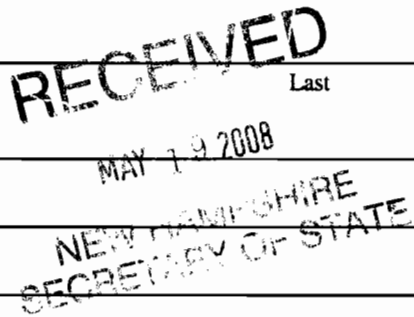
Source of Honorarium or Expense Reimbursement:

Name of source: Anna Marie Harding (error)

Post Office Address:

Occupation:

Principal Place of Business:



If source is a Corporation or other Entity:

Name of Corporation or Entity: New Hampshire Dental Society

Name of Corporate/Entity Representative:

Work Address of Representative:

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

Value of Honorarium: \$25.00 Date Received: 4/24/08 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [ ] Exact [x] Estimate

Value of Expense Reimbursement: N/A Date Received: N/A 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: evening membership meeting in Grafton County

"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: Anna Marie Harding - Grafton, IL Date Filed: 5/15/08