

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Robert George Bridgman Home Work Phone No. 447-1733

Home Work Address: P.O. Box 242, Eaton Center, NH 03832

Office/Appointment/Employment held: Representative, Carroll #2 (Albany, Elnor, Madison)

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: RECEIVED

Post Office Address: OCT 20 2009

Occupation: NEW HAMPSHIRE SECRETARY OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Endowment for Health

Name of Corporate/Entity Representative: Mary Kaplan

Work Address of Representative: 14 South Street, Concord, NH 03301

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: \$1,628.84 Date Received: 10/5-7, 10/17/2009 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:

Annual State Health Policy Conference at the National Academy for State Health Policy, Long Beach, CA, October 5-7, 2009

"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: Robert A. Bridgman

Date Filed: October 20, 2009

