

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: RICHARD N CUNNINGHAM Work Phone No. 603-293-4349

Work Address: 99 RAILROAD AVE, ALTON BAY, NH

Office/Appointment/Employment held:

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:

RECEIVED

Name of source: DEC 14 2009

Post Office Address:

NEW HAMPSHIRE SECRETARY OF STATE

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: NH HEALTH AND EDUCATION FACILITIES

Name of Corporate/Entity Representative: DAVID BLISS

Work Address of Representative: 54 STATE ST SOUTH, PO BOX 2110

CONCORD, NH 03302-2110

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

Value of Honorarium: N/A 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: STATE OPEN RATE Date Received: 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:

MILEAGE FROM ALTON BAY TO CONCORD AND RETURN

"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: Richard N. Cunningham

Date Filed: 12-15-2009

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