

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Kathryn Frey Work Phone No. 603 271-4593

Work Address: DHHS-DPHS 29 Hazen Dr.

Office/Appointment/Employment held: Administrator at Division of Public Health Services

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.

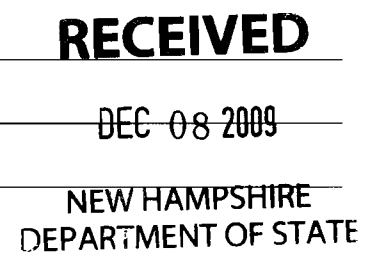
Source of Honorarium or Expense Reimbursement:

Name of source: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ DEC 08 2009

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



If source is a Corporation or other Entity:

Name of Corporation or Entity: ASTHO

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: 2231 Crystal Dr. Suite 450 Arlington VA 22202

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. [ ] Exact [ ] Estimate

Value of Expense Reimbursement: 114.20 Date Received: 11/16/09 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:

This was a travel reimbursement for a legislative liaison involved w/ public health policy.

"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: [Handwritten Signature]

Date Filed: 12/7/09