

JUN 02 2009

NEW HAMPSHIRE SECRETARY OF STATE

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Valerie T. Morgan Work Phone No.

First Middle Last

Work Address:

105 Pleasant St. Concord, NH 03301

Office/Appointment/Employment held:

Bureau of Drug and Alcohol 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. 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:

Bill Lowenstein, E.D. New England Institute of Addiction Studies

First Middle Last

Post Office Address:

75 Stone St. Augusta ME 04330 (NEIAS)

Occupation:

Exc. Director of NEIAS

Principal Place of Business:

75 Stone St Augusta ME 04330

If source is a Corporation or other Entity:

Name of Corporation or Entity:

NEIAS

Name of Corporate/Entity Representative:

Bill Lowenstein

Work Address of Representative:

Same

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

Value of Honorarium: 75.00 Date Received: 5/19/09 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: 75.00 Date Received: 5/19/09 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:

Prevention of AOD Abuse

"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 Date Filed Valerie T. Morgan 9/22/09

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

Please complete the following information on the filing person.