

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Theresa C. Boutin Work Phone No. 603-271-5379  
First Middle Last

Work Address: 105 Pleasant Street, 3<sup>rd</sup> Fl. North Concord, NH 03301

Office/Appointment/Employment held: BDAS- Bureau of Drugs & 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: New Futures, Inc.

Noreen M. Cremin

First Middle Last

Post Office Address:

Occupation: Office Manager

Principal Place of Business: 105 Ferry Street, Suite 307 Concord, NH 03301

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: New Futures, Inc

Name of Corporate/Entity Representative: Noreen M. Cremin

Work Address of Representative: 105 Ferry Street, Suite 307 Concord, NH 03301

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

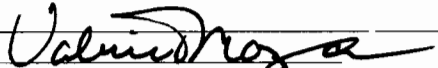
Value of Honorarium: ----- Date Received: 2-2-2010 *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*  Exact  Estimate

Value of Expense Reimbursement: \$470.87 Date Received: \_\_\_\_\_ *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:

The Prescription Drug Monitoring (PMP) National Alliance meeting/ Alliance of States with Prescription Monitoring Programs/ National Meeting on Legislation & Implementation.

"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  11/2/10

**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.

**This information will not be made public:**

Home Phone: ~~297~~ 297 292 0782

Home Address: 43 Baice Rd

Street Town/City Zip: Concord, NH

Mailing Address if different:

E-mail Address: Valerie.Morgan@DHHS.State.NH.US

**RECEIVED**

NOV 03 2010

NEW HAMPSHIRE  
DEPARTMENT OF STATE

# National Meeting on Legislation & Implementation

Final Agenda 2010 – Charleston, SC

**October 19, 2010**

8:00-8:30am	Check in Continental Breakfast Welcome	
8:30-9:00am	RFP Process – Data Collection, Storage, & Reporting Vendor	Ron Huether (SD)
9:00-10:15am	Data Collection & User Training	[PANEL] - Cheryl Anderson (SC), Dave Hopkins (KY), Don Vogt (OK)
10:15-10:45am	BREAK/CHECKOUT	
10:45-12:00pm	Use of PMP Data (unsolicited reporting, de-identified analysis, fraud detection)	[PANEL] - Daniel Eccher (ME), Joe Fontenot (LA), John Womble (NC)
12:00pm-1:00pm	Lunch – ASAP Format	Chris Baumgartner (Alliance of States with PMPs)
1:00-1:45pm	Operational Topics Round Robin - (Q&A)	Jim Giglio (Alliance of States with PMPs)
1:45-2:00pm	BREAK	
2:00-3:00pm	Action Plan(s)	Allison Colker (National Conference of State Legislatures)
3:00-3:30pm	Closing Remarks	Sherry Green (National Alliance for Model State Drug Laws)

*This project was supported by Grant No. 2008-PM-BX-0017 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the U.S. Department of Justice.*



# BJA

Bureau of Justice Assistance  
U.S. Department of Justice

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STARBUCKS COFFEE  
MANCHESTER AIRPORT

Delaware North Companies, Inc.  
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Manchester Boston Regional Airport  
One Airport Road, Suite 105  
Manchester, NH 03103

3343 QUINETTA

3008 DEBBIE

2

CHK 5498 OCT17'10 7:34AM GST 1

4 1 / 1 6233 GST 1  
OCT17'10 11:53AM

1 GRND COD G 2.10  
1 WATER VASA 25oz 2.59

SUBTOTAL 4.69  
TAX 0.19

AMOUNT 4.88  
CASH 10.00

CHANGE 5.12

1 Rst Turk & Chedd 7.75  
1 Reg Soda 2.99  
1 Onion Rings 4.50

Subtotal 15.24  
Total Tax 0.91

12:26 Total Due \$ 16.15

Fee Computer Number: 18  
Cashier: Levesque Id #117  
Transaction Number: 6321  
Entered: 10/17/2010 07:08  
Exited: 10/19/2010 23:40  
Ticket #36146 Dispenser #9  
Lot: Lot C  
Area: C Lot Area  
Rate: Long Term Rate  
Parking Fee: \$ 30.00  
Total Fee: \$ 30.00  
Visa \$ 30.00  
Credit Card Number: A \*\*\*\*\*5809  
Total Paid: \$ 30.00

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Have a nice day!

Questions & Comments  
207-774-6371  
Joe.Faria@HMSHOST.com

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