

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JUDITH LANOUETTE NICHOLSON Work Phone No. 603 271 2170

Work Address: 29 HAZEN DR CONCORD NH 03301

Office/Appointment/Employment held: DHHS/DPHS/TPCP HEALTH PROMOTION ADVISOR

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: _____

MAY 05 2010

Post Office Address: _____

Occupation: _____

NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: HEALTH EDUCATION COUNCIL

Name of Corporate/Entity Representative: CHINEDU NWAIGWE, MPH

Work Address of Representative: 3950 INDUSTRIAL BLVD STE 600 W. SACRAMENTO, CA 95691

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

Value of Honorarium: \$175.00 Date Received: 1/22/10 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: _____ 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:

I WAS CHOSEN AS APRESENTER AT THE PROMISING PRACTICES 2010 CONFERENCE THE SCHOLARSHIP COVERED THE REGISTRATION FEE.

"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 5/3/10

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

"Chinedu Nwaigwe"
<cnwaigwe@healthedcouncil.org>


01/22/2010 08:01 PM

To "Chinedu Nwaigwe" <cnwaigwe@healthedcouncil.org>

cc

bcc

Subject Promising Practices 2010 Scholarship Recipients

History:  This message has been replied to.

Congratulations! You have been awarded a Promising Practices 2010 Scholarship to cover your conference registration fee.

In order to finalize this, we ask that you promptly complete the attached Registration form and either fax it to 916-446-0427 Attn: Chinedu Nwaigwe or scan and email it to cnwaigwe@healthedcouncil.org

Please note: On the form, in the area of "Payment Information", please write "Scholarship".

Thank you for your application and we look forward to seeing you at our conference!

Sincerely,

Chinedu Nwaigwe

Chinedu A. Nwaigwe, MPH

Program Administrator

National African American Tobacco Education Network (NAATEN)

Asthma Disparities Program

3950 Industrial Blvd., Ste. 600

West Sacramento, CA 95691

(916) 556-3344 office/ (916) 446-0427 fax

<http://healthedcouncil.org/>



Promising Practices 2010 Registration Form.pdf