

**Vermont Office of Attorney General
109 State Street
Montpelier, VT 05609-1001**

**Pharmaceutical Manufacturer's Disclosure
Reporting Period: July 1, 2008 to June 30, 2009; Due Date: November 1, 2009**

Section VI - Disclosure				
You must disclose all gifts, fees, payments, subsidies, or other economic benefits of \$25 or more				
Company Name				
Type of Recipient	See page two for values		If "Other"	
	Trade Secret	NO	If YES, reason	
Last Name of Recipient			First Name	MI
	Trade Secret	NO	If YES, reason	
State License Number of Recipient				
	Trade Secret	NO	If YES, reason	
Date Expenditure Incurred				
Value/Amount of Expenditure				
	Trade Secret	NO	If YES, reason	
Nature of Expenditure	See page two for values		If "Other"	
	Trade Secret	NO	If YES, reason	
Primary Purpose of Expenditure	See page two for values		If "Other"	
	Trade Secret	NO	If YES, reason	
Secondary Purpose of Expenditure	See page two for values		If "Other"	
	Trade Secret	NO	If YES, reason	
Drug(s) to which expenditure or gift relates				
Drug Name		Trade Secret	NO	Reason
Drug Name		Trade Secret	NO	Reason
Drug Name		Trade Secret	NO	Reason
Drug Name		Trade Secret	NO	Reason
Drug Name		Trade Secret	NO	Reason

Current Date 10/22/09

Next Disclosure

Print Form

Submit by Email

If filing disclosures for FY09, please send a check made out to "State of Vermont", for \$500 to:

Office of the Attorney General
ATTN. Public Protection Division
109 State Street
Montpelier, VT 05609-1009

FY09 Pharmaceutical Gift Disclosure Field Values

Type of Recipient

- Doctor
- Other Prescriber
- Health Benefit Plan Administrator
- Hospital/Clinic
- Nursing Home
- Pharmacist
- Other Healthcare Provider

Nature of Expenditure

- Cash or Check
- Donation
- Educational Materials
- Food
- Grant
- Lodging
- Transportation
- Other

Primary Purpose of Payment

- Consulting
- Education CME Grants
- Education (Other)
- Marketing
- Speaker Fee or Payment
- Other

Secondary Purpose of Payment

- Consulting
- Education CME Grants
- Education (Other)
- Marketing
- Speaker Fee or Payment
- Other
- None