

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Scott Crowder Work Phone No. 603-717-8000  
First Middle Last

Work Address: 100 N. Main St. Concord, NH 03301

Office/Appointment/Employment held: Director, NH Office of Outdoor Recreation Industry Development

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: Bevin Buchheister  
First Middle Last

Post Office Address: 444 North Capital St NW, Ste 267 Washington, DC 20001

Occupation: Senior Policy Analyst

Principal Place of Business: National Governors Association

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

Name of Corporation or Entity: National Governors Association

Name of Corporate/Entity Representative: Bevin Buchheister

Work Address of Representative: 444 North Capital St NW, Ste 267 Washington, DC 20001

Value of Honorarium: \$1200 Date Received: 5/25/22 *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:

National Governors Association Outdoor Learning Network Annual Policy Conference Flight and Lodging

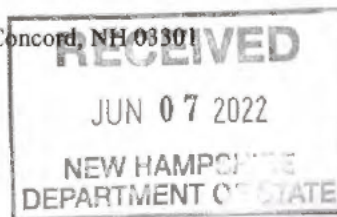
"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Signature]  
Signature of Filer

6/3/2022  
Date Filed

**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, 107 North Main Street, 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: [REDACTED]

Home Address: [REDACTED] [REDACTED]  
Street Town/City Zip

Mailing Address if different: \_\_\_\_\_

E-mail Address: [REDACTED]