copy for Kyra

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Pi	rint all Informati	on Clearly:				
Name:	JOHN First	ROBERT Middle	So MA Last	Work Phone No.	603-223-8578	
Work Add	dress: 33 KA	tzen DR. Co	INCORD, NH	03305		
Office/Ap	pointment/Empl	oyment held: NK	STATE POLICE	- DETECTIVE	SERGEANT	
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.						
-		Expense Reimburs	ement:			
Name of s	ource:	Firet	Middle		Last	
		T Hot		Γ	RECEIVED	
Occupation					FEB 0 7 2015	
Principal I	Place of Busines	s:		,	NEW HAMPS HRE DEPARTMENT OF STATE	
If source	is a Corporation	or other Entity:		ı.	JE! ARTISENT OF STATE	
Name of Corporation or Entity: NATIONAL ASSOCIATION OF ATTORNEY GENERALS						
Name of Corporate/Entity Representative: RYAN GREENSTEIN, PROGRAM SPECIALIST						
Work Add	lress of Represei	ntative: 1850 M	I ST. NW 1	2h FLR WASH	NGTON, D.C. 20036	
Food and/o	or beverages consu	imed pursuant to RSA	15-B:6, Il with value	over \$25.00 🛚		
Value of Honorarium: Date Received: 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 E	xpense Reimburse d to this filing.	ement 330.00Dat Exact Estir	e Received: 9181 nate FOOM+PERD	17 A copy of the agen	da or an equivalent document must	
PROGR	AM INSTR	or event this Honorariu VCTOR FIR OV CEMEN AL	ENDOSE DEAT	ursement relates to: TH IW. B (KOS)	ECUTION TRAINING HOSPED	В
"I have rea and belief."		nereby swear or affirm	that the foregoing inf	ormation is true and co	mplete to the best of my knowledge	
Signature o	of Filer		······································	9/12/1 Date I	7 Filed	
	V					

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