

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Scott R Bryer Work Phone No. 223-8081

Work Address: 33 Hazen Dr Concord NH 03305

Office/Appointment/Employment held: Administrator / Chief of Road Toll

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:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: International Fuel Tax Assoc. INC.

Name of Corporate/Entity Representative: Debora K. Meise - Senior Director

Work Address of Representative: 912 W. Chandler Blvd., B7 Chandler, AZ 85225

Food and/or beverages consumed pursuant to RSA 15-B:6, II 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 Expense Reimbursement: \$1066 Date Received: _____ A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [x] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

IFTA Annual Business Meeting - Voting Delegate

"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

8/20/2014 Date Filed