

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. 223-9081

Work Address: 33 Hazen Dr, Concord, NH 03305

Office/Appointment/Employment held: Administrator III

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: \_\_\_\_\_ RECEIVED

Post Office Address: \_\_\_\_\_ SEP 28 2015

Occupation: \_\_\_\_\_ NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business: \_\_\_\_\_

If source is a Corporation or other Entity:

Name of Corporation or Entity: International Fuel Tax Assoc. (IFTA) Inc.

Name of Corporate/Entity Representative: Debbie Meise

Work Address of Representative: 912 W. Chandler Blvd B-7 Chandler, AZ

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: \$1,100 Date Received: pending \$170.96 [ ] Exact [x] Estimate A ir fare/hotel was directly paid

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: As a voting delegate for the Annual Business Meeting IFTA covered all travel costs & reimbursement for the meeting

"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 8/19/2015