

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Deborah A. Pendergast (First, Middle, Last) Work phone #: 223-4200

Work address: 33 Hazen Dr. Concord, NH 03305

Office/Appointment/Employment held: Director of Fire Standards, Training and EMS

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: (First, Middle, Last) Work phone #: RECEIVED

Post Office address: APR 21 2016

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal place of business:

If source is a corporation or other entity:

Name of corporation or entity: Intern'l. Assoc'n. of Women in Fire And Emergency Services

Name of corporate/entity representative: Monica Willemsen

Work address of representative: 4025 Fair Ridge Dr. Fairfax, Va. 22033

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of honorarium: Date received: n/a

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: airfare-\$400, hotel-\$480 approximately

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:

annual board of directors meeting and educational conference

"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: Deborah A. Pendergast

Date filed: January 28, 2016

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

Please complete the following information on the filing person.

This information will not be made public:

Home Phone: 603-293-8689

Home Address: 51 Marjorie Walk, Fittford, NH 03249
Street Town/City Zip

Mailing Address if different: _____

E-mail Address: Deborah.Pendergast@dos.nh.gov