RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

APR 2 1 2017



NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:	- ·		
Name: Samuel Loring Fuller First Middle		Work Phone No.	223-8913
Work Address: 16 East Point Dr. Bedfo	ord, NH 03110		
Office/Appointment/Employment held: State	Police Troop	er	
List the full name, post office address, occupation, as or expense reimbursement. When the source is a corp corporation or entity in making the honorarium or ex or entity.	poration or other entity	, the name and work	address of the person representing the
Source of Honorarium or Expense Reimbursen	ment:		
Name of source:			
First	Middle		Last
Post Office Address:			
Occupation:			
Principal Place of Business:			
If source is a Corporation or other Entity:			
Name of Corporation or Entity: Sig Sauer	Academy		
Name of Corporate/Entity Representative: Ad	am Painchau	d	
Work Address of Representative: 233 Exet	ter Rd Conco	rd, NH	
Food and/or beverages consumed pursuant to RSA 13	5-B:6, ll with value ov	er \$25.00 🛚	
Value of Honorarium: Date Received: the gift or honorarium and identify the value as an	If exa estimate. □ Exact	ct value is unknown	e, provide an estimate of the value of
Value of Expense Reimbursement: Date be attached to this filing.	Received:ate	_A copy of the agen	nda or an equivalent document must
Briefly describe the service or event this Honorarium	or Expense Reimburs	ement relates to:	
Sig Sauer Academy Training			
"I have read RSA 15-B and hereby swear or affirm the and belief."	hat the foregoing inform	nation is true and co	emplete to the best of my knowledge
Some hour		4/5/2017	
Signature of Filer		Date	Filed

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