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MD



STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Perry E Plummer Work Phone No. 603-419-0255
First Middle Last

Work Address: 110 Smokey Bear Boulevard, Concord, NH

Office/Appointment/Employment held: Director HSEM

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 **RECEIVED**

Post Office Address: _____ JUN 29 2017

Occupation: _____
Principal Place of Business: _____ NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Governors Homeland Security Advisors Council (GHSAC) and National Governors Association (NGA)
Name of Corporate/Entity Representative: Lauren Weiss

Work Address of Representative: Washington, DC

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: \$2,094 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:

Reimbursement for expenses to attend GHSAC Summer Meeting and Meet the Threat: States Confront the Cyber Challenge National Summit

"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]
Signature of Filer

June 21, 2017
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