

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. 603 223-8091

Work Address: 33 Hazen Drive, Concord NH 03305

Office/Appointment/Employment held: Road Toll Administrator

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: _____

RECEIVED JUN 10 2016 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Federation of Tax Administrators

Name of Corporate/Entity Representative: Cindy Anders Robb

Work Address of Representative: 444 North Capital Street NW Washington, DC

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 2006

Value of Honorarium: \$508.26 Date Received: 5/22-5/24 exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [] Estimate

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:

Registration Fee & hotel for 2 nights was included with the FTA Motor Fuel Tax Conference Northeast Region hosted by the state of NH at the Best Western, 5/25/16

Signature of Filer _____ Date Filed _____