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MD

APPENDIX A



STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)
Type or print all information clearly:

Name of source: Nick A Mercuri Work phone #: 223-4212
(First) (Middle) (Last)

Work address: 33 Hazen Drive, Concord, NH 03305

Office/Appointment/Employment held: Bureau Chief

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.

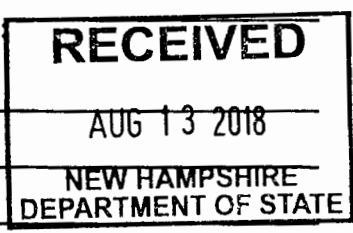
Source of Honorarium or Expense Reimbursement:

Name of source: _____ Work phone #: _____
(First) (Middle) (Last)

Post Office address: _____

Occupation: _____

Principal place of business: _____



If source is a corporation or other entity:

Name of corporation or entity: National Fire Academy - Emergency Management Institute

Name of corporate/entity representative: _____

Work address of representative: 16825 South Seton Ave, Emmitsburg MD, 21717

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: \$350.00 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:

Reimbursements for travel to National Fire Academy for course.

"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: [Signature]
9/07

Date filed: 2/22/18

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