

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. 603 223-3081

Work Address: 33 Hazen Drive, Concord NH 03301

Office/Appointment/Employment held: Administrator III

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: RECEIVED

Post Office Address: OCT 20 2016

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: International Fuel Tax Association, Inc.

Name of Corporate/Entity Representative:

Work Address of Representative: 912 W Chandler Blvd, B7 Chandler, AZ 85225-4910

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.

Value of Expense Reimbursement: \$018.91 Date Received: Pending copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: IFTA Annual Business Meeting - Voting Delegate

"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: [Handwritten Signature]

Date Filed: 8/26/2016