

APPENDIX A

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name of source: Jeffrey Oberdank Work Phone No. 227-4050
First Middle Last

Work Address: 23 Hazen Drive, Concord NH 03305

Office/Appointment/Employment held: Supervisor of Driver Licensing, Division of Motor Vehicles

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

Post Office Address: _____

Occupation: _____

Name of Corporation or Entity: American Association of Motor Vehicle Administrators (AAMVA)

Name of Corporate/Entity Representative: Patrice L. Aasmo, Director of Member Services, Regions I & II

Work Address of Representative: 4401 Wilson Blvd, Ste 700 Arlington VA

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: _____ Date Received: _____

A copy of the agenda or an equivalent document must be attached to this filing.

Exact: _____ Estimate \$2000

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

"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."

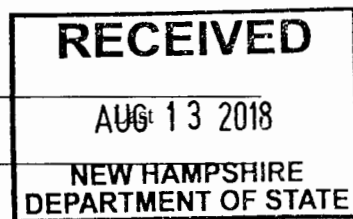
[Signature]
Signature of Filer

6/27/2018
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



Test Maintenance Subcommittee

July 10th & 11th, 2018

Arlington, VA

Meeting Agenda

Tuesday, July 10th

8:00am – Breakfaast

8:30am - Meeting Begins

Welcome

Karen Morton

Opening Remarks and Meeting Purpose

Larry Boivin, Chair

9:00 – 10:45pm

Vehicle Inspection Test Proposal

Discussion of proposed test

Larry Boivin, Karen Morton & Brett Robinson

10:45 – 11:00 pm – Break

11:00 – 12:00pm

Vehicle Inspection Test Proposal

Discussion of proposed test

Karen Morton & Brett Robinson

12 – 1pm - Lunch

1:00 – 3:00

Review Regulatory Analysis to Identify Vehicle Inspection Requirements and Proposed Vehicle Inspection Score Sheet

Larry Boivin, Karen Morton & Brett Robinson

3:00pm – 3:15pm - Afternoon Break

3:15pm

Basic Control Skills Proposal: Discussion of Demonstration

Larry Boivin Karen Morton & Brett Robinson

4:30pm - Wrap up

July 11th - Day 2

8:00am – Breakfaast

8:30 – 10:30am

Recap Vehicle Inspection Discussion

Larry Boivin

10:30 – 10:45am - Break

10:45 - Noon

Basic Control Skills Test Proposal

Discussion of proposed test

Larry Boivin, Karen Morton & Brett Robinson

Noon – 1:00pm - Lunch

1:00 – 2:45

Future TMS Work

Larry Boivin

- **Autonomous Vehicles – Commercial & Non-commercial Vehicles**
- **Drivers with Hearing Exemptions** (status of resource guide)
- **Testing Medically At Risk Drivers**

2:45 – 3:00 – Afternoon Break

3:00 – 4:00pm

CDL Updates

Karen Morton

4:00 – 4:30pm

Wrap Up

- Future Web Calls
- Future Meetings

4:30pm – Meeting Adjourned