

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Richard L. Cooper (First, Middle, Last) Work phone #: 223-4226

Work address: FSTEMS 33 Hazen Drive, Concord Nh 03305

Office/Appointment/Employment held: DOS-FSTEMS Emergency Svcs Data Manager

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) Work phone #: RECEIVED

MAR 16 2017

Post Office address:

Occupation:

NEW HAMPSHIRE DEPARTMENT OF STATE

Principal place of business:

If source is a corporation or other entity:

Name of corporation or entity: NASEMSO (National Association of State EMS Officials)

Name of corporate/entity representative: Mary Hedges

Work address of representative: 201 Park Washington Court, Falls Church, VA 22046

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

Value of honorarium: \$1139.74 Date received: Reimbursed after travel

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: \$1139.74

Value of expense reimbursement: Date received: Reimbursed

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

Exact: Estimate: \$1139.74

Briefly describe the service or event this honorarium or expense reimbursement relates to:

Travel Grant from NASEMSO to attend work group meeting. Final amt will vary based on flight.

"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] Date filed: 12/2/2016

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