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STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Stacey Lyn Dubois Work Phone No. (603) 223-4289
First Middle Last

Work Address: 33 Hazen Drive, Concord, NH 03305

Office/Appointment/Employment held: District Chief - NH State Fire Marshal's Office

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.

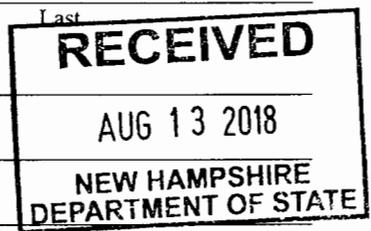
Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____



If source is a Corporation or other Entity:

Name of Corporation or Entity: Vision 20/20

Name of Corporate/Entity Representative: Peg Carson

Work Address of Representative: 35 Horner Street, Suite 120, Warrenton, VA 20186

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

Value of Honorarium: \$2,100.00 Date Received: 4/8/18-4/11/18 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

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

Vision 20/20 CRR Symposium (Reston, VA) - flight, hotel, registration fees, meals

"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."

Stacey L Dubois
Signature of Filer

4/17/18
Date Filed