

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Scott Thomas Cathy (First, Middle, Last) Work phone #: (603) 223-4223

Work address: 98 Smokey Bear Blvd, Concord, NH 03055

Office/Appointment/Employment held: Captain - Accreditation and Certification

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 #:

Post Office address: RECEIVED

Occupation: JUN 29 2017

Principal place of business: NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a corporation or other entity:

Name of corporation or entity: NAFTA

Name of corporate/entity representative: Eriks Gabliks

Work address of representative: 301 S. Yellowstone Dr #204, Madison, WI 53705

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: 380.00

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: The NAFTA is providing a complimentary pass for the State Fire Training Director - Designee.

"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: Date filed: 9 May 17

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

- If the Division is paying for the flight, review and utilize the state contract for travel.
- Is any of the travel that is being requested being paid or reimbursed by another organization in which the source of funds is other than the state, a county, or the United States of America?

Yes No

If yes, please fill out and include Appendix A as part of your request.

- Does your travel require you to park at the Manchester-Boston Regional Airport?

Yes No

If yes, please fill out and include Appendix B as part of your request.

- Are you requesting the use of a rental car for your travel?

Yes No

If yes, please explain in detail the reason for your request. All car rentals must be approved by the Commissioner of Safety.

- Are you requesting to take a state vehicle over 300 miles?

Yes No

If yes, Governor and Council approval is required.

- Are you requesting a cash advance to pay for travel expenses?

Yes No

If yes, Governor and Council approval is required.

Please note, upon request for reimbursement for travel expenses you must provide original receipts and a copy of your flight itinerary. Reimbursements can potentially be denied or delayed without them.