

APPENDIX A

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name of source: Jon Robert Bouffard Work Phone No. 603-223-4211
First Middle Last

Work Address: 98 Smokey Bear Blvd. Concord, NH

Office/Appointment/Employment held: Deputy Chief - EMS

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: _____ RECEIVED
First Middle Last

Post Office Address: _____ MAR 16 2017

Occupation: _____

Principal Place of Business: _____ NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: The ALERRT Center at Texas State University

Name of Corporate/Entity Representative: John Curnutt

Work Address of Representative: 1251 Sadler Drive Suite 200 San Marcos, Texas

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: 0 Estimate _____

Value of Expense Reimbursement: _____ Date Received: _____

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

Exact: _____ Estimate \$1000

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
Advance Law Enforcement Rapid Response Training Active Shooter Conference 2016

"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

10/16/16
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