

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JOHN R. SONIA Work Phone No. 603-223-8578  
First Middle Last

Work Address: NH STATE POLICE - SAFETY 33 HAZEN DR CONCORD, NH

Office/Appointment/Employment held: DET. SGT. MAJOR CRIME UNIT

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: MARC NEIL  
First Middle Last

Post Office Address: 2030 M ST. NW, 8th FLOOR WASHINGTON, DC 20036

Occupation: PROGRAM COUNSEL

Principal Place of Business: NATIONAL ASSOCIATION OF ATTORNEYS GENERAL

**If source is a Corporation or other Entity:**

RECEIVED

Name of Corporation or Entity: \_\_\_\_\_

JUN 29 2017

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: \_\_\_\_\_  
NEW HAMPSHIRE DEPARTMENT OF STATE

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: \$735.00 Date Received: 3/8-3/9 *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:

NAAG working group meeting on OPIOID DEATH INV PROJECT - COVERED 1 night hotel stay & Airfare

"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

3/21/17  
Date Filed