

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Tammy Lee Baiocchetti Work Phone No. 223-8404
First Middle Last

Work Address: 33 Hazen Dr, Concord NH 03305

Office/Appointment/Employment held: DOS/Criminal Records 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: Sharon Rollins
First Middle Last

Post Office Address: _____

Occupation: Marketing Communications Manager

Principal Place of Business: Safran Morpho

RECEIVED
JUN 29 2017
NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Safran Morpho

Name of Corporate/Entity Representative: _____

Work Address of Representative: 5515 East La Palma Ave, Suite 100, Anaheim CA 92807

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

Value of Honorarium: \$1,291 Date Received: 6/12/17-6/16/17 *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: n/a 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:

Morphotrak Users Educational Conference relating to AFIS and Livescan

"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."

Tammy L. Baiocchetti
Signature of Filer

6/26/17
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

BEYOND
THE FRONTIER OF
IDENTIFICATION

38TH ANNUAL MORPHOTRAX USERS CONFERENCE

MORPHOTRAX

WEDNESDAY, JUNE 14

	Plaza A-B	Juniper	Aspen	Arbor	Demo Room Plaza C	Beech A	Beech B	Dogwood
7:00-8:20				(7:00-8:20) Breakfast in Terrace Room				
8:00-9:00								
9:00-9:50								
9:50-10:20				(9:50-10:20) Break in Demo Room				
10:20-11:00								
11:00-11:30								
11:30-12:15								
12:15-1:30	(12:15-1:30) Lunch break in Terrace Room							
1:30-2:00								
2:00-3:35								
3:35-3:55				(3:35-3:55) Break in Demo Room				

	Plaza A-B	Juniper	Aspen	Arbor	Demo Room Plaza C	Beech A	Beech B	Dogwood
4:00PM	(400-450) NIST FIM Test Patrick Broder	(400-530) Customer Support Forum Introduction Case Studies		(400-600) Adaptive Lizard Track Demonstration	(400-650) Panel on Open Source Software Panel on Security Panel on Cloud Computing	Video Analysis Discussion Group Data Collection Panel on Security Panel on Cloud Computing	Customer Support Forum Introduction Case Studies	
5:00PM								
5:35PM								
6:00PM								
6:00PM								

THURSDAY, JUNE 15

	Plaza A-B	Juniper	Aspen	Arbor	Demo Room Plaza C	Beech A	Beech B
	(7:30-8:20) Breakfast in Terrace Room						
	8:30-9:00 Registration Open House Registration			8:30-9:00 Registration Open House Registration	OPEN 9:00 - 1:00		
	9:00-9:30 Registration Open House Registration			9:00-9:30 Registration Open House Registration	9:00-9:30 Registration Open House Registration		
	9:30-10:00 Registration Open House Registration			9:30-10:00 Registration Open House Registration	9:30-10:00 Registration Open House Registration		
	(10:00-10:20) Break in Demo Room						
	(12:15-1:30) Lunch break in Terrace Room					(12:15-1:30) Lunch break in Terrace Room	
	(3:30-3:55) Break					(3:30-3:55) Break	