

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: John William Degraw Work Phone No. 603-223-4289
First Middle Last

Work Address: 33 Hazen Drive, Concord, NH 03305

Office/Appointment/Employment held: State Fire Marshal

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: _____

RECEIVED

Occupation: _____

APR 18 2017

Principal Place of Business: _____

NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Fm Global

Name of Corporate/Entity Representative: Michael Spaziani, Manager Fire Service Programs

Work Address of Representative: 1151 Boston Providence Turnpike, Norwood, MA 02062

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: \$369.46 Date Received: 4/16/17 *A copy of the agenda or an equivalent document must be attached to this filing.* Exact 379.46 Estimate 50

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

Fire Service Advisory Group met while in Washington attending the CFSI. They paid for one night lodging and dinner.

"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."

John W. Degraw
Signature of Filer

4/17/17
Date Filed

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