

**STATE OF NEW HAMPSHIRE**

**Honorarium or Expense Reimbursement Report (RSA 15-B)**



Type or Print all Information Clearly:

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

Work Address: 33 Hazen Drive, Concord, NH 03301

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: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

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NOV 16 2016  
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 Program

Work Address of Representative: 151 Boston Providence Turnpike, Norwood, MA 02062

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: 1,001.70 Date Received: 11/09/16 *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:

Fire Service Advisory Group meeting/Airfare, Room & meals @ (Pier 2) (L. Amherst)

"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. Degnan  
Signature of Filer

11/14/2016  
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



## **FM Global Fire Service Advisory Group**

**November 8 & 9, 2016**

### **Agenda**

#### **Tuesday, November 8, 2016**

- 7:30am – Depart Hotel  
Emergency Response Consultants Tour
- 12:00pm – Lunch @ ERC  
Q&A
- 2:00pm – Depart ERC for hotel
- 3:30pm – Adjourn
- 6:00pm – Cocktails/Dinner

#### **Wednesday, November 9, 2016**

- 8:00am – Welcome  
Review progress on Fighting Fire in Sprinklered Buildings  
Data Sheet 10-1 & 10-2  
Fire Service Grants  
Industrial Fire Brigade Competition
- 12:00pm – Adjourn