

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: David Rivers Work Phone No. 603-271-6911

Work Address: 110 Smokey Bear Boulevard, Concord, NH 03301

Office/Appointment/Employment held: Dept of Safety - Division of Emergency Services

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.

Source of Honorarium or Expense Reimbursement:

Name of source: Kimberly Buchanan

Post Office Address:

Occupation:

Principal Place of Business:

RECEIVED

MAR 16 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Resuscitation Academy

Name of Corporate/Entity Representative: King County Medic One

Work Address of Representative: 4015th Ave Suite 1200 Seattle WA 98104

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

Value of Honorarium: \$2000.00 Date Received: 8/31/2016 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

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

Airline Tickets & Hotel

"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 of Filer

11-4-16 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