

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: PAULA J SYKES Work Phone No. (603) 223-8060

Work Address: 33 HAZEN DRIVE, CONCORD NH 03305

Office/Appointment/Employment held: ROAD TOLL BUREAU

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

JUN 10 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: FEDERATION OF TAX ADMINISTRATORS

Name of Corporate/Entity Representative: CINDY ANDERSON-ROBB

Work Address of Representative: 444 NORTH CAPITAL STREET NW, WASHINGTON, DC

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

20001

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: 608.26 Date Received: 5/22-5/24 A copy of the agenda or an equivalent document must be attached to this filing. [x] Exact [] Estimate

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

Registration fee & hotel for 2 nights was paid to attend the FTA Motor Fuel Tax Session Northeastern Region Conference hosted by the State of NH at the Best Western Plus Portsmouth. Signed: Paula J. Sykes, Date Filed: 5/25/16, Location: Hampton Suites

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