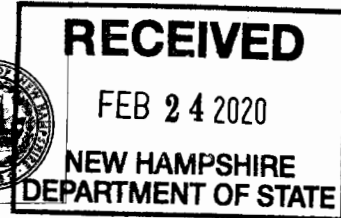


**APPENDIX A**

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name of source: Jeff Oberdank Work Phone No. 227-4020  
First Middle Last

Work Address: 23 Hazen Drive, Concord NH 03305

Office/Appointment/Employment held: Bureau Chief, Licensing, Division of Motor Vehicles

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: \_\_\_\_\_

Name of Corporation or Entity: American Association of Motor Vehicle Administrators (AAMVA)

Name of Corporate/Entity Representative: Patrice L. Aasmo, Director of Member Services, Regions I & II

Work Address of Representative: 4401 Wilson Blvd, Ste 700 Arlington VA

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: \_\_\_\_\_ Date Received: \_\_\_\_\_

*A copy of the agenda or an equivalent document must be attached to this filing.*

Exact: \_\_\_\_\_ Estimate \$350.00

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

\_\_\_\_\_

"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]  
Signature of Filer

1/23/2020  
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