

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Andrew Lee Mason (First) (Middle) (Last) Work phone #: (603) 223-4200

Work address: 98 Smokey Bear BLVD Concord, NH 03301

Office/Appointment/Employment held: Program Coordinator, FST&EMS Simulation Program

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.

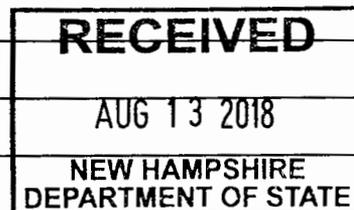
Source of Honorarium or Expense Reimbursement:

Name of source: Work phone #: (First) (Middle) (Last)

Post Office address:

Occupation:

Principal place of business:



If source is a corporation or other entity:

Name of corporation or entity: Gaumard Scientific

Name of corporate/entity representative: Nelson Bermudes

Work address of representative: 14700 SW 136 Street Miami, FL 33196

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: \$300.00

Value of expense reimbursement: Date received: 06-18-2018

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:

Hotel Expenses for company hosted training

"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: [Signature] Date filed: 07-05-2018

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

7/16 Copy to Kyra [initials]