STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Name: _	Christop	her H	lughes	Pingree	Work Phone No.	603-271-7217
	First		Middle	Last		
Work Address: _		64 South Street, Concord, NH 03301				

OCT 25 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

Office/Appointment/Employment held: Director of Professional Standards, NH Department of Corrections

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 Busi	iness:		
If source is a Corpora	tion or other Entity:		
Name of Corporation of	or Entity: Axon Ente	erprises, Inc.	
Name of Corporate/En			
Work Address of Repr	esentative: 17800 N	J. 85th Street, Scottsdale, A.	Z 85255
Value of Honorarium:	Date Received and identify the value as	l: If exact valu an estimate. Exact	<i>te is unknown, provide an estimate of the value of</i> Estimate
Value of Expense Reimb be attached to this filing			py of the agenda or an equivalent document must
		ium or Expense Reimbursement Corrections CEO Summit.	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

10/22/2024 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, 107 North Main Street, State House Room 204, Concord, NH 03301