RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



APR 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:		DEPARTMENT
Name: Russell W. Holmes First Middle Last	Work Phone No.	603-323-3333
Work Address: 1864 White Mountain Highway, Tamworth, NH 03886		
Office/Appointment/Employment held: NH State Police		
List the full name, post office address, occupation, and principal p or expense reimbursement. When the source is a corporation or oth corporation or entity in making the honorarium or expense reimbur or entity.	er entity, the name and work	address of the person representing the
Source of Honorarium or Expense Reimbursement:		
Name of source: First Middle		
First Middle	e	Last
Post Office Address:		
Occupation:		
Principal Place of Business:		
If source is a Corporation or other Entity:		
Name of Corporation or Entity: ALERRT		
Name of Corporate/Entity Representative: Pete Blair		
Work Address of Representative: 1251 Sadler Dr, S	Suite 200, San Ma	arcos, TX 78666
Food and/or beverages consumed pursuant to RSA 15-B:6, II with v	alue over \$25.00	,
Value of Honorarium: Unk Date Received: the gift or honorarium and identify the value as an estimate.	_ <i>If exact value is unknown</i> , Exact _ ☐ Estimate	provide an estimate of the value of
Value of Expense Reimbursement: Free Date Received:	A copy of the agend	la or an equivalent document must
Briefly describe the service or event this Honorarium or Expense Re	eimbursement relates to:	
Level II Train the Trainer, Active Shooter	Response	
"I have read RSA 15-B and hereby swear or affirm that the foregoin and belief."	g information is true and con	nplete to the best of my knowledge
	03-11-17	
Signature of Filer	Date Fi	led

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