

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Mary L. MacCaffrie Work Phone No. 603-223-4289

Work Address: 33 Hazen Drive Concord NH 03305

Office/Appointment/Employment held: FMO - Public Education Administrator

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: _____

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OCT 20 2016
NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: National Fire Protection Association

Name of Corporate/Entity Representative: Kelly Ransdell

Work Address of Representative: 1 Batterymarch Park Quincy, MA 02169

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

Value of Honorarium: \$1,400.00 Date Received: 6/1-6/15/16 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [checked] Estimate

Value of Expense Reimbursement: _____ Date Received: _____ 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:

NFPA Annual Educators' Networking Reception and Meetings, Flight, two nights hotel stay, and NFPA Conference Registration

"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."

Mary L MacCaffrie 6/30/16
Signature of Filer Date Filed