

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Perry E Plummer Work Phone No. 603-223-2637

Work Address: 110 Smokey Bear Blvd, Concord NH 03305

Office/Appointment/Employment held: Director, HSEM

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: _____

RECEIVED

JUN 16 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Northeast States Emergency Consortium (NESEC)

Name of Corporate/Entity Representative: Edward J Fratto, Executive Director

Work Address of Representative: 7 West Water Street, Suite 205, Wakefield, MA 01880

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

Value of Honorarium: \$125.00 Date Received: 5/26/15 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [x] 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:

Hotel lodging at Crowne Plaza Warwick, RI for attendance at Board Meeting Tues 5/26 & Executive Meeting Wed 5/27/15.

"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

6/8/15 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