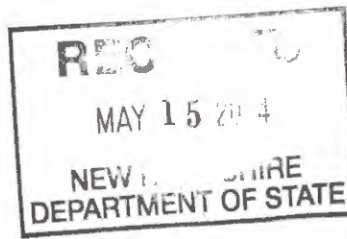


**STATE OF NEW HAMPSHIRE**  
Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Brenton Keith Fraser  
First Middle Last

Work Phone No. (603) 227-1403

Work Address: 1 Minuteman Way, Concord, New Hampshire, 03301

Office/Appointment/Employment held: Director, NH DMAVS Division Community Based Military Programs

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 Business: \_\_\_\_\_

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: Substance Abuse and Mental Health Services Administration

Name of Corporate/Entity Representative: Karrah Dillman

Work Address of Representative: 433 River Street, Suite 1005, Troy, NY 12180

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 \_\_\_\_\_

Value of Expense Reimbursement: \$3,420 Date Received: 1 May 2024 *A copy of the agenda or an equivalent document must be attached to this filing.* Exact \_\_\_\_\_ Estimate X

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Develop Public Health Approaches to suicide prevention for Service Members, Veterans and Families

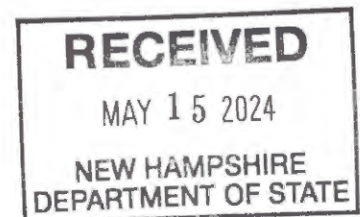
"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer

7 MAY 24  
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



DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES  
REQUEST FOR AUTHORIZATION – IN-STATE & OUT-OF-STATE TRAVEL

Date: 7 MAY 2024

I, Warren Perry, the supervisor of Brent Fraser

Authorize five days of in-state/out-of-state travel to San Diego, CA

From 10 JUNE to 14 JUNE 2024.

Conference/Workshop/Seminar/Training Title  
Governor's Challenge 2024 Innovations Conference

Purpose of Travel/Training

**MUST** attach all training/meeting itinerary or agenda documentation for approval to be considered

Attending 2024 Innovation Conference sponsored by U.S. Veterans Administration and SAMHSA (Substance Abuse and Mental Health Services Administration, paid by SAMHSA paid team member to address public health approaches to suicide for Services Members, Veterans and Families and representing the NH Governor's Challenge team.

**Fiscal Summary (Estimate)**

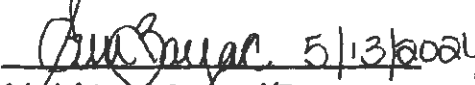
<u>Object</u>	<u>Description</u>	<u>Amount</u>
500700/500710	Common Carriers	\$1100
500700/500710	Rental Car	\$500
500702/500712	Meals	\$320
500703/500713	Hotel	\$1250
500704/500714	Mileage	\$0
500707/500717	Miscellaneous	\$0
	List	
	airport Parking	\$70
	Hotel Parking	\$180
500709/500719	Registration Fees	\$0
	<b>TOTAL:</b>	<b>\$3,420</b>

Source of Funds: SAMHSA

Appropriation Code:

  
Employee Signature/Date

  
Supervisor Signature/Date

  
Administrator Approval/Date