

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: SCOTT R Bruer Work Phone No. 223-8081

Work Address: 33 Hazen Dr Concord, NH

Office/Appointment/Employment held: Administrator III

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED
OCT 02 2015
NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Federation of Tax Administrators

Name of Corporate/Entity Representative: Cindy Anders Robb

Work Address of Representative: 444 N. Capitol Street, NW Suite 349
Washington, D.C. 20001

Food and/or beverages consumed pursuant to RSA 15-B:2, II with value over \$25.00

Value of Honorarium: \$1250.00 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: _____ 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: As National Chair of the Motor Fuel Tax Section the FTA covered my registration fee and hotel room stay

"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 [Signature] Date Filed 7/29/15

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