

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: BRUCE R BURNS Work Phone No. (603) 746 6401

Work Address: 473 Penacook Rd Hopkinton NH

Office/Appointment/Employment held: Vice Chair - NHHEFA

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: None

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

RECEIVED

Name of Corporation or Entity:

JAN 08 2018

Name of Corporate/Entity Representative:

NEW HAMPSHIRE DEPARTMENT OF STATE

Work Address of Representative:

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

Value of Honorarium: 0 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.

Value of Expense Reimbursement: 0 Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

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

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: Bruce R Burns

Date Filed: Jan 5, 2018