

**APPENDIX A**

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name of source: Jeffrey R Phillips Work Phone No. 603-223-4200  
First Middle Last

Work Address: 98 Smokey Bear Blvd, Concord NH 03301

Office/Appointment/Employment held: Bureau Chief

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: \_\_\_\_\_

**RECEIVED**  
OCT 30 2015

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

Name of Corporation or Entity: ProBoard

Name of Corporate/Entity Representative: Betsy Cabrera

Work Address of Representative: PO Box 690632, Quincy MA 02269

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

Value of Honorarium: \$1,500 Date Received: 10/27/2015

*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 X

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:

The Division being a member of Proboard has the expenses of one person paid to attend the conference.

"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."

Jeffrey Phillips  
Signature of Filer

10/29/2015  
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