

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Scott R Bryer Work Phone No. 603-223-8021

Work Address: 33 Hazen Drive, Concord, NH

Office/Appointment/Employment held: Administrator/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.

Source of Honorarium or Expense Reimbursement:

Name of source: RECEIVED

Post Office Address: JUN 29 2017

Occupation: 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 Pobb

Work Address of Representative: 444 North Capitol St. NW Suite 348, Washington D.C. 20001

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

Value of Honorarium: \$06.08 Date Received: 5/21-23/2017

Value of Expense Reimbursement: 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:

FIA Motor Fuel Tax Section Northeastern Regional Conference Presiding over the meeting - Registration Fee and hotel was waived

Signature of Filer: [Signature] Date Filed: 5/30/2017