STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:	
Name: 500t R Bryon Work Phone No. 603-223-8081	
Name: Scott R Brust Work Phone No. 603-223-8081 Work Address: 33 Hazer Prive Concord DH	
Office/Appointment/Employment held: Al muigrouter Bureau Chief	
List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honor expense reimbursement. When the source is a corporation or other entity, the name and work address of the person represent corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corpor entity.	ing the
Source of Honorarium or Expense Reimbursement:	
Name of source: First Middle Last RECEIVED)
Post Office Address:	
Occupation:	
Principal Place of Business: NEW HAMPSHIRE DEPARTMENT OF ST	: ATE
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	
Name of Corporation or Entity: Federation of Tau Administrators Name of Corporate/Entity Representative: Cindy Anders Publ Work Address of Representative: 444 North Capital St. NW Sutz 348 Ut. Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00	shippite
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00	V
Value of Honorarium: Date Received: 5/21-13/100 If exact value is unknown, provide an estimate of the value as an estimate. Exact Exact Estimate	ie of
Value of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document to be attached to this filing. Exact Estimate	nust
Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:	
FTA Motor First Tax Section Northeastern Regional Conference Presidence outs the meeting - Registration for multiple with the pregoinglifformation is true and complete to the best of my knowledge.	waited
and belief." 5/30/2017	

9/07

Signature of Filer

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.

Date Filed

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301