STATE OF NEW HAMPSHIRE Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B			RECEIVED		
		0.01	25 2024	CONTRACTOR OF THE OWNER	
		eport UCI	OCT 25 2024		
		NEW			
Type or Print all Inform	mation Clearly:		C. SINE		
Name: Paul	Denis	Raymond, Jr.	Work Phone No.	603-271-8016	
First	Middle	Last			
Work Address: 64 So	outh Street, Concord, N	H 03301			
Office/Appointment/E	mployment held: Assist	tant Commissione	er, NH Departme	ent of Corrections	
or expense reimbursemen	nt. When the source is a con	poration or other entity	, the name and work	the source of any reportable honorariu address of the person representing the addition to the name of the corporation	
Source of Honorarium	n or Expense Reimburse	ment:			
Name of source:					
	First	Middle		Last	
Post Office Address:					
Occupation:					
Principal Place of Busi	iness:				
If source is a Corpora	tion or other Entity:				
Name of Corporation of	or Entity: Axon Enterp	rises, Inc.			
Name of Corporate/En	tity Representative: Jes	s Farr			
	esentative: 17800 N. 8		AZ 85255		
Value of Honorarium: <u>n</u> the gift or honorarium a	a Date Received:			, provide an estimate of the value of	
Value of Expense Reimb be attached to this filing	ursement: \$1,400 Date Exact Estin	Received: 10/16/202	4A copy of the agen	da or an equivalent document must	
Briefly describe the servi	ce or event this Honorarium	or Expense Reimburs	ement relates to:		
	enses to attend Axon				
"I have read RSA 15-B a and belief."	nd hereby swear or affirm the	hat the foregoing inform	nation is true and co	mplete to the best of my knowledge	
Pal Ra	A		10/17/2024		
Signature of Filer	0		Date F	Filed	

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, 107 North Main Street, State House Room 204, Concord, NH 03301

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