

copy for Kyra

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JOHN ROBERT SOMA Work Phone No. 603-223-8578

Work Address: 33 HAZEN DR. CONCORD, NH 03305

Office/Appointment/Employment held: NH STATE POLICE - DETECTIVE SERGEANT

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.

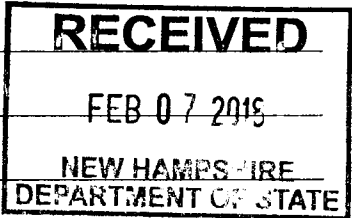
Source of Honorarium or Expense Reimbursement:

Name of source: First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:



If source is a Corporation or other Entity:

Name of Corporation or Entity: NATIONAL ASSOCIATION OF ATTORNEY GENERALS

Name of Corporate/Entity Representative: RYAN GREENSTEIN, PROGRAM SPECIALIST

Work Address of Representative: 1850 M. ST. NW 12th FLR WASHINGTON, D.C. 20036

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

Value of Honorarium: 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: \$330.00 Date Received: 9/18/17 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: PROGRAM INSTRUCTOR FOR OVERDOSE DEATH INV. & PROSECUTION TRAINING HOSTED BY RE ATTORNEY GENERAL OFFICE

"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 [Signature] Date Filed 9/12/17