

6/16  
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MD

**STATE OF NEW HAMPSHIRE**  
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Sean Patrick Toomey Work Phone No. 603-223-4289  
First Middle Last

Work Address: 33 Hazen Drive Concord, NH 03305

Office/Appointment/Employment held: Deputy Fire Marshal II-Fire Protection Engineer

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	<b>RECEIVED</b>  AUG 13 2018  NEW HAMPSHIRE DEPARTMENT OF STATE
Post Office Address: _____	
Occupation: _____	
Principal Place of Business: _____	

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

Name of Corporation or Entity: Vision 20/20

Name of Corporate/Entity Representative: Peg Carson

Work Address of Representative: 35 Homer St Suite 120 Warrenton, VA 20186

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

Value of Honorarium: \$2,100 Date Received: 4/8-4/11/18 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

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:

2018 Model Performance in Community Risk Reduction Symposium in Reston, VA Flight, hotel, Registration Fees + meals

"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 [Signature] Date Filed 3/14/18

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