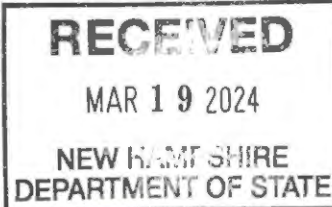


STATE OF NEW HAMPSHIRE  
Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Jessica Lynn Lescarbeau Work Phone No. 603-271-0058  
First Middle Last

Work Address: 25 Hall Street, Concord, NH 03301 Office #316A

Office/Appointment/Employment held: Education

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

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

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

Name of Corporation or Entity: National Comprehensive Center

Name of Corporate/Entity Representative: Meagan Crowe

Work Address of Representative: 1600 Research Boulevard, Rockville, Maryland 20850

Value of Honorarium: \$1100 Date Received: 03/04/2024 *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:  
National comprehensive center conference on raising the bar as it relates to educator and student outcomes.

"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."

Jessica Lescarbeau Digitally signed by Jessica Lescarbeau  
Date: 2024.03.08 09:12:08 -05'00'

03/08/2024  
Date 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