STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Nancy (First) F (Middle) Stiles (Last) Work Phone No. 271-6933

Work Address: _____

Office/Appointment/Employment held: Senate Dist. 24

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: Margaret (First) Lewis (Last) (Middle)

Post Office Address: 1300 Beaufont Springs Dr. Suite 101

Occupation: President HCA Capital Division

Principal Place of Business: multiple states

RECEIVED

APR 27 2011

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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

Value of Honorarium: 25-00 Date Received: 4-20 ***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:

_____

"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."

Nancy F Stiles — Signature of Filer

4-26-11 — Date Filed

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

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Source of Honorarium or Expense Reimbursement:

Name of source: Fred (First) _____ (Middle) Welch (Last)

Post Office Address: _____

Occupation: Hampton Town Manager

Principal Place of Business: Town of Hampton

If source is a Corporation or other Entity:

Name of Corporation or Entity: Self

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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

Value of Honorarium: $75.00 approx Date Received: 4-23-11 *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:

dozen roses

"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."

Nancy F Stiles — Signature of Filer

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