

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Nancy F Stiles Work Phone No. 603 271-6933

Work Address: 33 North State St. Concord

Office/Appointment/Employment held: Senator 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.

Source of Honorarium or Expense Reimbursement:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

OCT 01 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: American University of Madaba, Jordan

Name of Corporate/Entity Representative: Michael King

Work Address of Representative: 240 Willard St. Portsmouth, NH

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

Value of Honorarium: \$1638 Date Received: 9-16-15 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: _____ Date Received: _____ 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:

As sponsor of original I was invited to the first graduation after which we met to discuss the progress and future for compliance with NH standards and belief.

Signature of Filer: Nancy F Stiles Date Filed: 10-1-15