

**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. 271-6933  
First Middle Last

Work Address: 33 North State St., Concord, NH 03301

Office/Appointment/Employment held: Senate 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: Active  
First Middle Last

Post Office Address: 1400 16<sup>th</sup> St. Suite 510 Washington, DC

Occupation: Education 501-C3

Principal Place of Business: Washington, DC

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

Name of Corporation or Entity: \_\_\_\_\_

Name of Corporate/Entity Representative: \_\_\_\_\_

Work Address of Representative: \_\_\_\_\_

rec'd  
12.7.15

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

Value of Honorarium: \$750 Date Received: 12-4-15 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:

Team Mtg to discuss policies to advance Education

"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

12-6-15  
Date Filed