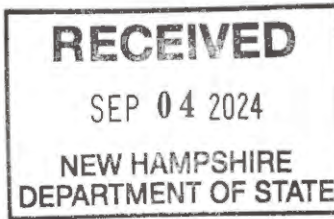


STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Stephen Appleby Work Phone No. 603-271-2408
First Middle Last

Work Address: NHED, 25 Hall St., Concord NH 03301

Office/Appointment/Employment held: Director, Division of Educator Support and Higher Education, NHED

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: NH Statewide Family Engagement Center

Name of Corporate/Entity Representative: Kate Estefan

Work Address of Representative: 2 Pillsbury Street, Suite 302, Concord, NH 03301

Value of Honorarium: \$549 Date Received: 09/10/2024 *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: The Summit focuses on how to increase family engagement in rural areas across vulnerable subpopulations.

“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] _____ 08/27/2024 _____
Signature of Filer 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

NORTHERN NEW ENGLAND RURAL SUMMIT



New Hampshire
**STATEWIDE FAMILY
ENGAGEMENT CENTER**

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Agenda at a Glance

Tuesday, September 10

Registration Check In
2-6pm

Opening Reception
5-6pm
Cash Bar

Dinner & Keynote

6-8pm

Jimmy Wayne

Wednesday, September 11

Registration Check In

Open All Day

Breakfast

7:30-8:30am

Opening Plenary

8:00-9:00am

Breakout Sessions 1

9:20-10:20am

Breakout Sessions 2

10:40-11:40am

Lunch

11:45-12:45pm

Keynote

12:15-1:20pm

Breakout Sessions 3

1:40-2:40pm

Closing Keynote

3-4pm

"Raising Children to be Parents"






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