

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Art Ellison Work Phone No. 603-271-6698
First Middle Last

Work Address: 21 South Fruit Street, Suite #20, Concord, NH 03301

Office/Appointment/Employment held: Administrator/Bureau of Adult 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 Council of State Directors of Adult Education

Name of Corporate/Entity Representative: _____

Work Address of Representative: Hall of the States, 444 North Capitol St., NW, Suite 422, Washington, DC

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

Value of Honorarium: _____ Date Received: _____ *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: \$290.20 Date Received: 4/20/15 *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: To coordinate State directors visits to key members of US Senate & House appropriations committees.

"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]
Signature of Filer

4/29/15
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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DEPARTMENT OF STATE

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Agenda

Timetable

- March 18, Wednesday
 - Fly to DC
 - Check in to the Hotel Liaison
 - (walk over and find the office you will visit)
 - Meet for Dinner at 7:00 pm at _____
- March 19, Thursday
 - Breakfast at your leisure
 - Allow 30 minutes to get into the building
 - Meet with your Member(s)
 - Fly home
- Send Art a report of your visit