

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 Street, Concord, NH 03301

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.

Source of Honorarium or Expense Reimbursement:

Name of source: Foundation for Government Accountability

Post Office Address: 15275 Collier Blvd, Naples, FL 34119

Occupation: Non-Profit

Principal Place of Business: Naples, Florida

If source is a Corporation or other Entity:

RECEIVED

Name of Corporation or Entity:

DEC 1 2015

Name of Corporate/Entity Representative:

NEW HAMPSHIRE DEPARTMENT OF STATE

Work Address of Representative:

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

Value of Honorarium: \$1280 Date Received: 10-29-15 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: Participant in Break-out sessions & Round tables

"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 of Filer: Nancy Stiles

Date Filed: 11-26-2015