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NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: KRIS Edward Roberts Work Phone No. 603-352-1105

Work Address: 58 Grove St Keene NH 03431

Office/Appointment/Employment held: State Representative

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: Excellence in Education

Post Office Address: P.O. Box 10691 Tallahassee, FL

Occupation:

Principal Place of Business: Tallahassee

If source is a Corporation or other Entity:

Name of Corporation or Entity: Excellence in Education

Name of Corporate/Entity Representative: Heather Slager

Work Address of Representative: P.O. Box 10691 Tallahassee, FL

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

Value of Honorarium: 0 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.

Value of Expense Reimbursement: \$1600 Date Received: 10/26/2015 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:

Education improvement

"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: Kris E. Roberts

Date Filed: 11/18/2015