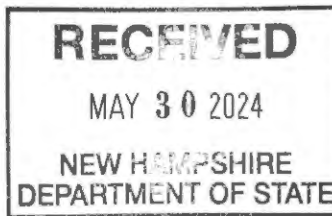


STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Kathryn J. Nichol Work Phone No. 603-491-0719
First Middle Last

Work Address: 25 Hall Street, Concord, NH 03053

Office/Appointment/Employment held: Educational Consultant III, Title II, Part A/Lead Family Coordinator

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: CEEDAR Center- University of Florida Tim Dove and Elaine McNulty
First Middle Last

Post Office Address: P.O. Box 117050 Gainesville, FL 32611

Occupation: Collaboration for Effective Educator Development, Accountability, and Reform

Principal Place of Business: University of Florida https://cedar.education.ufl.edu/

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

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: \$1500 Date Received: _____ *A copy of the agenda or an equivalent document must be attached to this filing.* Exact ____ Estimate X

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
Cross state presentations allow states to partner collaboratively to present their work and assist attendees in making connections to their own contexts for instance using school and EPP partnerships to align with inclusive practices/analyze data from teaching pathways.

"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 5/1/24 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