

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 Excellence in Education

Post Office Address: PO Box 10691 Tallahassee, FL 32302

Occupation: 501C3 - Non profit for Education Reform

Principal Place of Business: Tallahassee, FL

If source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Corporate/Entity Representative:

Work Address of Representative:

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

Value of Honorarium: \$1255 Date Received: 10-30-15 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 Round Table Discussions for Innovation

"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 F Stiles

Date Filed November 26, 2015 RECEIVED

DEC 1 2015