

1 **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: \_\_\_\_\_

RECEIVED

APR 17 2015

NEW HAMPSHIRE  
DEPARTMENT OF STATE

**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 \$357.51 Date Received: 4/13/15 *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 interview candidates for National Council of State Directors of Adult Education.

"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

4/16/15

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

**National Adult Education Professional Development Consortium  
National Council of State Director of Adult Education  
Executive Director Interview Schedule**

Foggy Bottom Room  
Renaissance Washington DC DuPont Circle Hotel  
1143 New Hampshire Avenue, NW  
Washington, DC 20037-1522  
Phone: 202.775.0800

March 26, 2015

12:00 p.m. – 1:30 p.m.: Randy Whitfield

2:00 p.m. -3:30 p.m.: Michelle Carson

4:00 p.m. – 5:30 p.m. Jeff Carter