

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: _____

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OCT 30 2013
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: 444 North Capitol Street, NW, Suite 422, Washington, DC 20001

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 \$616.60 Date Received: 10/15/13 *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 attend annual meeting of NCSDAE Executive Committee. The purpose of the meeting was to set the professional development and legislative agenda for the organization.

"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

10/21/13
Date Filed



National Council of State Directors of Adult Education

National Adult Education Professional Development Consortium, Inc.



**NCSDAE is the Government Relations Arm of the Adult Education State Directors
NAEPDC is the Adult Education State Directors' Professional Development Arm.**

**Jennifer Foster, Chair
Lennox McLendon, Executive Director**

Executive Committee Retreat Agenda

The Mills House Wyndham Grand Hotel
115 Meeting Street | Charleston, SC 29401
www.millshouse.com

Monday, September 9, 2013

6:30 pm Dinner in the Hotel Restaurant: The Barbados Room

Tuesday, September 10, 2013

7:30 - 8:30 am Breakfast
Middleton Room

8:30 - 9:30 Workgroup meetings to finalize recommendations

9:30 - 11:30 Plan of Work Development
Middleton Room

- Priority 1 TQE Workgroup
- Priority 2 CCR Workgroup

11:45 - 1:30 Lunch

1:30 - 4:30 Plan of Work Development
Middleton Room

- Priority 3 State Staff Workgroup
- NCSDAE Plan of Work
- Research Agenda

6:00 Walking Tour of Old Town Charleston

7:00 Dinner at Poogan's Porch

Wednesday, September 11, 2013

7:30 – 8:30 Breakfast
Middleton Room

8:30 – 9:30 Executive Session
Middleton Room

9:30 – 11:30

- Follow up to the Plan of Work Discussions
 1. Consultants Needs
 - Policy
 - Projects
 2. Revise budget if necessary as a result of the Plan of Work discussion
 3. Use of NCSDAE funds for a fall March on the Hill for appropriations committee members.
- Other business
 1. Finances
 - Checking Account Balance: \$230,000
 - T.Rowe Price: \$149,000 (goal: \$900,000)
 - Membership dues for NAEPDC
 2. CoABE Sponsorship
 3. Leadership Excellence Academy
 - Memorandum of Understanding with CLEE
 - Management Contract between NAEPDC and CLEE
 4. Incorporation

11:30 Adjourn to the Airport