

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. 271-6933

Work Address: 33 North State St. Concord, NH

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: RECEIVED

Post Office Address: MAR 31 2014

Occupation: NEW HAMPSHIRE DEPARTMENT OF STATE

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: New England Board of Higher Education

Name of Corporate/Entity Representative: Monnica Chou, Dir. Policy & Research

Work Address of Representative: 45 Temple Place, Boston, MA 02111

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

Value of Honorarium: \$50 Date Received: 3/6-3/7/14 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:

Member of Legislative Advisory Committee - Attended Mtg + event

"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: 3-31-14