

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. 603-601-6591

Work Address: 33 North Main St Concord, NH 03301

Office/Appointment/Employment held: Senator, District 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: Post Office Address: Occupation: Principal Place of Business:

RECEIVED JUN - 4 2013 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: American University of Madaba - Country of Jordan
Name of Corporate/Entity Representative: Michael James, Boston College, North American Liason
Work Address of Representative: Boston College, 140 Commonwealth Ave, Chestnut Hill, MA 02467

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00
Value of Honorarium: \$2,855 Date Received: 6-1-13 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: Presented a copy of NH Chapter 33 of 2013 Laws which enabled degree granting Authority to AUM at the official opening conferred by the King

"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: 6-4-13