STATE OF NEW HAMPSHIRE Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B	DEC 01 2023	E	
Type or Print all Information Clearly: Name: Melissa Ann White	NEW HAMPSHIRE DEPARTMENT OF STATE Work Phone No. 603-271	603-271-3855	
First Middle	Last		
Work Address: 25 Hall Street, Concord			

Office/Appointment/Employment held: Division Director of Learner Support

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 Busin	ess:		
If source is a Corporation	on or other Entity:		
Name of Corporation or	Entity: Excel in Ed		
Name of Corporate/Enti	ty Representative: Charl	a Lancaster, Scho	larship Liaison
Work Address of Repres	sentative: PO Box 1069	1 Tallahassee Flo	rida 32302
Value of Honorarium:	Date Received: d identify the value as an es	<i>lf exac</i> timate. Exact	t value is unknown, provide an estimate of the value of Estimate
Value of Expense Reimbur be attached to this filing.	Exact Estimat	eceived: 11/30/23	A copy of the agenda or an equivalent document must
	e or event this Honorarium o o attend the Excel in Ed's		ment relates to: mmit on Education to represent NH
			ation is true and complete to the best of my knowledge

and belief." Melissa White

11/30/23

Signature of Filer

Date Filed

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, 107 North Main Street, State House Room 204, Concord, NH 03301

5/19