

DW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Phyllis M Katsakiore Work Phone No. 432-9592

Work Address: Hooda Plaza Derby

Office/Appointment/Employment held: St. Leg house

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: NATIONAL foundation Woman Legislators

Post Office Address: Mrs Robin Read - President

Occupation: 910 16th St, N.W Wash Suite 100.

Principal Place of Business: Washington DC

If source is a Corporation or other Entity:

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Name of Corporation or Entity:

DEC 04 2006

Name of Corporate/Entity Representative:

NEW HAMPSHIRE SECRETARY OF STATE

Work Address of Representative:

Value of Honorarium: 1,200 Date Received: SAME 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: Chair of Crime Justice Committee - ANNUAL CON, also ALBERQUE N.H.

"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: Phyllis Katsakiore

Date Filed: 12-2-06