

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Nancy F. Stiles ^{Home} Work Phone No. 926-6467
First Middle Last

^{Home} Work Address: 40 Hobbs Rd, Hampton, NH

Office/Appointment/Employment held: Representative, Rock 15

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: NH NEA
First Middle Last

Post Office Address: North State St., Concord, NH, 03301

Occupation: Teachers Association

Principal Place of Business: Concord / State wide

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

Value of Honorarium: \$60⁰⁰ Date Received: 8-9-06 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: Zero Date Received: _____ 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:

NHNEA paid for my banquet dinner - I paid travel

"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."

Nancy F. Stiles
Signature of Filer

8-23-06
Date Filed

RECEIVED
AUG 23 2006
NEW HAMPSHIRE
SECRETARY OF STATE