

V/DW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ART ELLISON Work Phone No. 603-271-6698
First Middle Last

Work Address: 21 SOUTH FRUIT ST., SUITE #20, CONCORD, NH 03301

Office/Appointment/Employment held: ADMINISTRATOR/BUREAU OF ADULT EDUCATION

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 Business:

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NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: ILLINOIS ASSOCIATION FOR ADULT AND COMMUNITY EDUCATION

Name of Corporate/Entity Representative:

Work Address of Representative: JUNE HICKEY, CCHS-REBOUND, 205 N. OAKLAND AVE., CARBONDALE, IL 62901

Value of Honorarium: Date Received: 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: \$565.10 Date Received: 10/15/07 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:

PRESENT 3 WORKSHOPS TO ILLINOIS ADULT EDUCATORS ON THE POLITICS OF ADULT EDUCATION.

"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

Handwritten signature: A. Ellison

10/16/07

Date Filed

5/06

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, State House Room 204, Concord, NH 03301