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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: PHYLLIS M. KATSAKIORES Work Phone No. 603-434-9587
First Middle Last

Work Address: N.H. STATE HOUSE OF REPRESENTATIVE RM 206

Office/Appointment/Employment held: SHAW'S SUPERMARKETS - STATE LEGISLATOR

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: NATIONAL FOUNDATION OF WOMEN LEGISLATORS
First Middle Last

Post Office Address: WASHINGTON, D.C.

Occupation: LEGISLATION ORGANIZATION FOR WOMEN

Principal Place of Business: WASHINGTON, D.C.

RECEIVED

If source is a Corporation or other Entity:

Name of Corporation or Entity: N.F.W.L. OCT 30 2007

Name of Corporate/Entity Representative: MRS RABIN BEED NEW HAMPSHIRE SECRETARY OF STATE

Work Address of Representative: N.F.W.L. WASHINGTON, D.C.

Value of Honorarium: \$915.60 Date Received: 10/9-20/07 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: \$840.60 Date Received: 10/9-10/15 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:

N.F.W.L. ANNUAL CONFERENCE - LOUISVILLE, KY.

"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."

Phyllis Katsakiores
Signature of Filer

OCT 30, 2007
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

NO N.H. TAX MONEY WAS USED.



**2007 NATIONAL FOUNDATION
FOR
WOMEN LEGISLATORS
69TH ANNUAL CONFERENCE
October 11-15, Louisville, KY**

Reserve your room at The Seelbach Hilton Hotel!

Hotel Information:

Special room rates for legislators (\$94) and corporations (\$199).

Be sure to mention you are with NFWL to receive these discounts.

Call (800) 333-3399 to book your room.

Airport Shuttle Information:

The Seelbach Hotel provides a **complimentary airport shuttle** between the Louisville Airport and Seelbach Hotel.

Check In Online

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Check In Online

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Passenger Information

Passenger Name	Ticket#	Account Number
KATSAKIORES/PHYLLIS	526-2336574081-6	- None Entered -

Itinerary

Date	Flight	Routing Details
Tue Oct 09	1540	Depart MANCHESTER NH (MHT) at 11:55 AM
		Arrive in BALTIMORE-WASHNTN (BWI) at 1:25 PM
	908	Change planes in BALTIMORE-WASHNTN (BWI) departing at 4:00 PM

		Arrive in LOUISVILLE KY (SDF) at 5:40 PM
Mon Oct 15	636	Depart LOUISVILLE KY (SDF) at 10:00 AM
		Arrive in BALTIMORE-WASHNTN (BWI) at 11:30 AM
	682	Change planes in BALTIMORE-WASHNTN (BWI) departing at 1:55 PM

PM
Arrive in MANCHESTER NH (MHT) at 3:10 PM

Cost and Payment Summary

Air	\$ 320.93
Tax	\$ 37.67
PFC Fee	\$ 15.00
Security Fee	\$ 10.00

Total Payment: \$383.60

Current payment(s)

09/20/07 VISA xxxxxxxxxxxx7994 Ref 526-2336574081-6 \$383.60

Fare Rule(s)

Valid only on Southwest Airlines. NON REFUNDABLE/ STANDBY REQ UPGRADE TO YL

SOUTHWEST AIRLINES



TICKETLESS TRAVEL™ PASSENGER ITINERARY AND RECEIPT
NONTRANSFERRABLE. POSITIVE IDENTIFICATION REQUIRED

KO7WHS

**BRING A COPY OF THIS ITINERARY WITH YOU
 TO THE AIRPORT FOR FLIGHT CHECKIN.**

MAIL TO:

GEORGE KATSAKIORES
 1 BRADFORD ST
 DERRY, NH 03038 -4258

PRESENT THIS
 DOCUMENT TO CHECK
 BAGGAGE AT CURBSIDE
 OR TICKET COUNTER.

KO7WHS *George* *George* *Southwest* *0600010149165*
(1014149165)

PASSENGER INFORMATION: Receipt and Itinerary as of 09/13/07 11:53 AM

Confirmation Number: **KO7WHS** Received: **GEORGE**
 Confirmation Date: **09/13/07**

Passenger(s): **KATSAKIORES/GEORGE 526-2335222315-3** Account Number:

Itinerary:	Flt#	Date	Depart	Arrive
MANCHESTER NH/BALTIMORE-WASHNTN	1540 V	09OCT07	11:55AM	01:25PM
X BALTIMORE-WASHNTN/LOUISVILLE KY	908 V	09OCT07	04:00PM	05:40PM
LOUISVILLE KY/BALTIMORE-WASHNTN	542 V	15OCT07	03:10PM	04:40PM
X BALTIMORE-WASHNTN/MANCHESTER NH	928 V	15OCT07	06:10PM	07:25PM

RETURN
OCT 14
3:10
KO7
WHS

Cost: *800-1-3514* Total for 1 Passenger(s) AIR: 0.00
 TAX: 0.00
 PFC: 0.00
 SECURITY FEE: 10.00

 Total Fare: \$10.00

Payment Summary:
 Current payment(s):
 13SEP2007 MASTERCARDxxxxxxxxxxxx2816 Ref 526-2335222315-3 10.00
 13SEP2007 02 Rapid Rewards Coupons Used for Itinerary 0.00

 Total Payments: \$10.00

Fare Rule(s):
 VALID ONLY ON SOUTHWEST AIRLINES
 All travel involving funds from this confirm no. must be completed by 09/13/08.
 Above date applies to Security Fee funds only. Rapid Rewards Award Tickets expire one year from issue date.

CONTINUED ON NEXT PAGE

TEN – MINUTE RULE – Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

REFUNDS AND EXCHANGES – Any change to this itinerary may result in a fare increase. Unless otherwise noted, if you do not travel on this itinerary, you may qualify for a refund or exchange. To apply for a refund, please call 1-800-I-FLY-SWA. Written requests should include a copy of this document and be addressed to: Southwest Airlines Refunds Department 6RF, P.O. Box 36649 Dallas, TX 75235-1649.
THE NUMBER BELOW WILL BE NEEDED TO PROCESS YOUR REFUND OR EXCHANGE REQUEST.