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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: _____

RECEIVED

FEB 14 2008

**NEW HAMPSHIRE
SECRETARY OF STATE**

If source is a Corporation or other Entity:

Name of Corporation or Entity: OHIO LITERACY NETWORK, OHIO ADULT ED. ASSOCIATION

Name of Corporate/Entity Representative: ALAN TOOPS, OHIO LIT. NETWORK, 6161 BUSCH BLVD., SUITE 340,
COLUMBUS, OH 43229

Work Address of Representative: _____

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: \$387.95 Date Received: 2/6/08 *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:

TO PROVIDE PRESENTATIONS ON STATE LEVEL ADVOCACY FOR OHIO STATE LEVEL & LOCAL ADULT ED STAFF.

"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

2/8/08
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



Charting a New Course for Adult Basic and Literacy Education

Wednesday, December 5, 2007 • 9:30 a.m. - 3:00 p.m.

The transition of ABLE to the Ohio Board of Regents presents many new opportunities and challenges to us as a field. The time is now for us to prepare for the future of ABLE.

This training will help OAAE and OLN establish an improved advocacy and communication system that will help position ABLE as an integral component of Ohio's new workforce and economic development system.

OAAE and OLN are sponsoring this special workshop to jumpstart our advocacy efforts. Your involvement and leadership in advocacy is more important than ever.

Participants in this workshop will be expected to commit to active participation in the system throughout the upcoming year.

Training Topics Include:

- Understanding the current system
- Identifying key legislators and committees in the Ohio House and Senate
- Creating and agreeing upon a message
- Developing a timeline for action
- Identifying allies
- Building an advocacy system
- Integrating advocacy into an adult education system



About Our Presenter: Art Ellison, administrator for the Bureau of Adult Education in New Hampshire is a respected national leader in promoting advocacy for adult basic education. As chair of the Policy Committee for the National Council of State Directors of Adult Education (NCSDAE) Art provides training to states in setting up advocacy systems that have resulted in increased funding and awareness.

Location: Quest Business Center, 8405 Pulsar Place, Columbus, Ohio 43240 • <http://www.quest-centers.com/>

Participant Information:

Name _____ ABLE Program _____

Position _____ E-Mail _____

Work Address _____

Work Phone _____ Work Fax _____

Ohio House District You Work In _____ Ohio Senate District You Work In _____

By participating in this workshop, I agree to work with OAAE and OLN in the development and support of an advocacy system for Ohio ABLE. Details regarding the various ways you can become involved in the system will be discussed at the workshop.

Signature _____ Date _____

Please indicate if you have special dietary needs or will need special accommodations for participating in this workshop.

Please fax this completed registration form to Rick McIntosh at (330) 643-9195 by November 21. All registered participants will receive e-mail confirmation of their registration and any other relevant information. Please call Rick McIntosh at (330) 434-9461 with your questions.

