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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

MAY 29 2008

NEW HAMPSHIRE  
SECRETARY OF STATE

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: MAINE ADULT EDUCATION ASSOCIATION

Name of Corporate/Entity Representative: MAINE DEPARTMENT OF EDUCATION

Work Address of Representative: 23 STATE HOUSE STATION, AUGUSTA, ME 04333

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: \$279.39 Date Received: 5/23/08 *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 WORKSHOPS TO MAINE ADULT EDUCATORS ON MARKETING STRATEGIES IN LOCAL COMMUNITIES.

"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

05/27/08  
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

# **MAINE ADULT EDUCATION ASSOCIATION REGIONAL ADVOCACY TRAINING**

Lewiston Region, Monday, March 31<sup>st</sup>, 9AM to 3PM  
Hilton Garden Inn, 14 Great Falls Plaza, Auburn

## **Effective Advocacy At The Local Level**

**9:00AM**

**Welcome. Introductions. Review of the day.**

**9:15 – 9:45AM**

**Why? PRESENTER:** Cathy Newell, Director, Maine Adult Education Association

- Trends for adult education in the 21<sup>st</sup> century: National. Maine. Local
- Data

**9:45 – 12 & 12:30 – 1:30PM**

**How? PRESENTER:** Art Ellison, Director of Adult Education for the New Hampshire Department of Education

- Assessing where your program is now, including local program stats
- Assessing the state of your advocacy efforts.
- Identifying key partners
- Telling your stories: marketing, using your successes, learners, and current partners
- Use of the media

**1:45 – 3PM**

**Next Steps PRESENTER:** Mary Beth Paquette, facilitator

- How to design, invite and deliver local decision maker seminars

# **MAINE ADULT EDUCATION ASSOCIATION REGIONAL ADVOCACY TRAINING**

Augusta Region, Tuesday, April 1<sup>st</sup>, 9AM to 3PM  
at the Senator Inn, 284 Western Avenue

## **Effective Advocacy At The Local Level**

**9:00AM**

**Welcome. Introductions. Review of the day.**

**9:15 – 9:45AM**

**Why? PRESENTER:** Cathy Newell, Director, Maine Adult Education Association

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