

Paid by NFWL NO STATE MONEY taken

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: PHYLLIS M KATSEKIDAKI Work Phone No. 431-459-2222

Work Address: 1 TERRAZZO ST Derry N.H.

Office/Appointment/Employment held: NFWL

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.

Source of Honorarium or Expense Reimbursement:

Name of source: NATIONAL FOUNDATION FOR WOMEN LEGISLATORS

Post Office Address: WASH. DC

Occupation: went to Albany N.Y.

Principal Place of Business:

If source is a Corporation or other Entity:

RECEIVED

Name of Corporation or Entity:

OCT 14 2009

Name of Corporate/Entity Representative:

NEW HAMPSHIRE DEPARTMENT OF STATE

Work Address of Representative:

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: \$1100 Date Received: 9-20-09 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

on the board of NFWL, a Chair Education + Health.

"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: Phyllis Katsidakis Date Filed: 10-11-09

9/07 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 STATE MONEY was used.