

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: PHYLLIS MAY KATSAKOURIS' home Work Phone No. 434-9587 cell - 815-7742

Work Address:

Office/Appointment/Employment held: 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

RECEIVED

Post Office Address: 910 16th St. NW, Suite 100

NOV 17 2009

Occupation: WASHINGTON DC

Principal Place of Business:

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: NO STATE MONEY WAS USED ON

Name of Corporate/Entity Representative: this trip -

Work Address of Representative:

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

Value of Honorarium: 400 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.

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 DIRECTORS of NEWL also STATE DIRECTOR N.H

"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 Katsakouris

Date Filed: 11-19-09