

**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 STREET, 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: \_\_\_\_\_

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

Name of Corporation or Entity: ACE of Florida, Inc.

Name of Corporate/Entity Representative: Adult & Community Ed Association of Florida

Work Address of Representative: 912 S. Martin Luther King, Jr. Blvd. Tallahassee, FL 32301

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: \$538.29 Date Received: 7/30/10 *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 lead symposium panel on Grassroots efforts for supporting adult education as part of state conference for ESOL program directors.

"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."

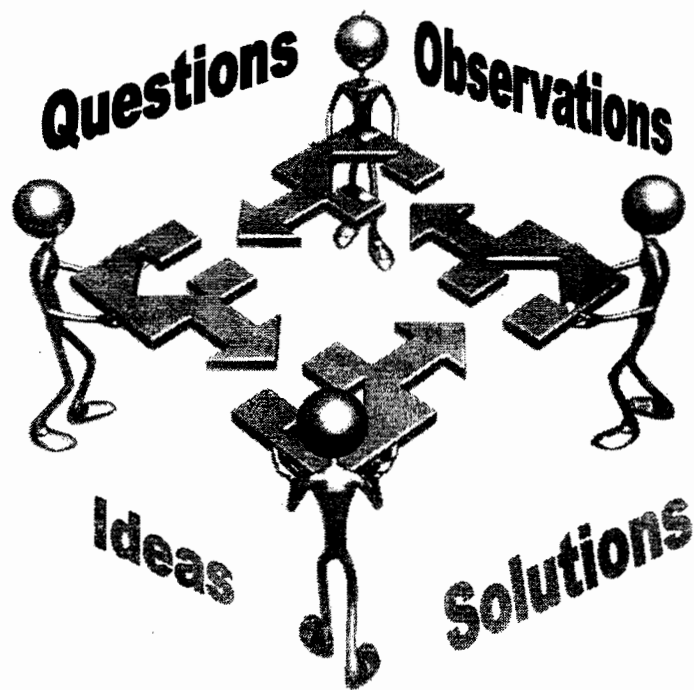
Signature of Filer

08/03/10  
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

# 2010 SUMMER SYMPOSIUM

for Career and Adult Education Administrators



**June 20 - 23, 2010**

Meeting the Needs of Limited English Proficient Adults  
Through Career and Adult Education

3:00 p.m. to 4:15 p.m.

GRASSROOTS EFFORTS

**Panel Moderator: Rebecca Holland-Camp** [campr@brevard.k12.fl.us](mailto:campr@brevard.k12.fl.us)

Administrator  
South Area Adult Education Center  
The District School Board of Brevard County  
Melbourne

**Art Ellison** [aellison@ed.state.nh.us](mailto:aellison@ed.state.nh.us)

Bureau Administrator  
Division of Adult Learning and Rehabilitation  
New Hampshire

**Michael Tucker** [michael@XtremeBusinessInternational.com](mailto:michael@XtremeBusinessInternational.com)

Xtreme Business International  
Arizona

1) Key "takeaways": \_\_\_\_\_

2) I need to share this with: \_\_\_\_\_

3) "What to do next" thoughts: \_\_\_\_\_

SUNSET RECEPTION  
5:30 p.m. to 7:00 p.m.

Sponsored by:

**Cambridge University Press**



Hosts:

Jim Goldstone  
Bruce Myint

Room #: \_\_\_\_\_

FIND PRESENTATION DOCUMENTS AND LINKS AT:  
[www.floridatechnet.org/2010symposium.html](http://www.floridatechnet.org/2010symposium.html)

