

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



RECEIVED

DEC 06 2010

Type or Print all Information Clearly:

Name: PHYLLIS M. KATSAKIS RES Work Phone No.

NEW HAMPSHIRE DEPARTMENT OF STATE

Work Address: Home 1 BRADFORD ST. Derry

Office/Appointment/Employment held:

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 of Women Legislators

Post Office Address: WASHINGTON DC

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity:

Name of Corporate/Entity Representative:

Work Address of Representative:

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

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.

Value of Expense Reimbursement: \$800 Date Received: 11/19-27 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:

CHAIR - Education - CRIMINAL JUSTICE - Also also had to MAKE A SPEECH

"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 Katsakis

Date Filed: 12-4-10

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 GIVEN - ALL PAID BY N.F.W.L. WASHINGTON DC