

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Phyllis M Katsakioros Work Phone No.
First Middle Last

Work Address: 1 BRADFORD ST DERRY

Office/Appointment/Employment held: St. 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.

Source of Honorarium or Expense Reimbursement:

Name of source: CANCER CENTER OF AMERICA
First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: CANCER CENTER OF AMERICA

Name of Corporate/Entity Representative: GINA MEZIERE

Work Address of Representative: ZION ILL.

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

Value of Honorarium: 304. Date Received: 12-20-11. If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [ ] Estimate

Value of Expense Reimbursement: Date Received: 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:

TOUR of PBA FACIALLY / FLIGHT (AIR LINE)

"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 Katsakioros Date Filed: 1-30-12

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

RECEIVED

FEB 01 2012

NEW HAMPSHIRE DEPARTMENT OF STATE