

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Gary L Daniels Work Phone No. 603-673-3065

Work Address: 127 Whitten Road, Milford NH 03055

Office/Appointment/Employment held: State Senator

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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If source is a Corporation or other Entity:

Name of Corporation or Entity: GOPAC

Name of Corporate/Entity Representative: Lauren Castellano

Work Address of Representative: 2300 Clarendon Blvd, Ste 1305 Arlington VA 22201

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. [] Exact [] Estimate

Value of Expense Reimbursement: 403.89 Date Received: 2/19/16 A copy of the agenda or an equivalent document must be attached to this filing. [x] Exact [] Estimate

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

GOPA Veterans Issues Meeting, Philadelphia, PA

"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: Gary L Daniels

Date Filed: 3/21/16