

**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. 603-860-4482  
First Middle Last

Work Address: 127 Whitten Rd Milford NH

Office/Appointment/Employment held: State Representative

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: American Legislative Exchange Council  
First Middle Last

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: Washington DC

**RECEIVED**

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

Name of Corporation or Entity: \_\_\_\_\_

SEP 28 2011

Name of Corporate/Entity Representative: \_\_\_\_\_

NEW HAMPSHIRE  
DEPARTMENT OF STATE

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.*  Exact  Estimate

Value of Expense Reimbursement: 1382.96 Date Received: Aug 2011 *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:

Attendance at Annual meeting

"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."

Gary L Daniels  
Signature of Filer

9/28/11  
Date Filed

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

