

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Daniel A. Eston Work Phone No. 271-7879
Work Address: LEGISLATIVE OFFICE BLDG. CONCORD NH 209A
Office/Appointment/Employment held: 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.

Source of Honorarium or Expense Reimbursement:

Name of source: THE LINCOLN INSTITUTE
Post Office Address: 113 BRATTLE ST. CAMBRIDGE MA 02138
Occupation:
Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: THE LINCOLN INSTITUTE
Name of Corporate/Entity Representative:
Work Address of Representative: 113 BRATTLE ST. CAMBRIDGE, MA. 02138

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

Value of Honorarium: 413.00 Date Received: 12-4/15 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. [X] Exact [ ] Estimate

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

ECONOMIC PERSPECTIVES ON STATE & LOCAL TAXATION

"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: Daniel A. Eston Date Filed: 1-8/16

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

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NEW HAMPSHIRE DEPARTMENT OF STATE