

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: DAVID M SCANLAN Work Phone No. 603-271-3242  
First Middle Last

Work Address: State House, Room 204, 107 N. MAIN St., Concord, NH 03301

Office/Appointment/Employment held: Secretary of State

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: \_\_\_\_\_  
First Middle Last

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

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

Principal Place of Business: \_\_\_\_\_

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

Name of Corporation or Entity: Center for Election Innovation and Research

Name of Corporate/Entity Representative: David Becker

Work Address of Representative: 1120 Connecticut Ave NW, Suite 1040  
Washington D.C. 20036

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: \$750 Date Received: \_\_\_\_\_ *A copy of the agenda or an equivalent document must be attached to this filing.* Exact \_\_\_\_\_ Estimate X

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:  
Meeting of Secretaries of State to discuss elections

"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]  
Signature of Filer

5/20/2024  
Date Filed

**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, 107 North Main Street, State House Room 204, Concord, NH 03301

## David Scanlan

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**From:** Nikki Cotton <ncotton@electioninnovation.org>  
**Sent:** Tuesday, April 23, 2024 11:20 AM  
**To:** David Scanlan  
**Cc:** Kaley Dion  
**Subject:** Bipartisan Convening for Secretaries of State Overseeing their First Presidential Election

Good Morning,

We are pleased to inform you that you are confirmed for CEIR's Bipartisan Convening for Secretaries of State Overseeing their First Presidential Election to discuss election administration best practices in preparation for the upcoming election. We can't wait to see you in Seattle very soon! Please see the following important information about the meeting and your stay.

### Personal Information

- Name: David Scanlan
- Dietary Restrictions: None
- Attending Mariners' game: Yes

### Hotel Information

- Hotel: W Seattle
- Address: 1112 Fourth Avenue, Seattle, WA 98101
- Phone: 1-206-450-5563
- Stay Length: 2 nights (Sun., May 12 & Mon., May 13)
- Confirmation Number: **88055319**
- Check in/out: 4pm/12pm

### Agenda

Monday, 5/13

10-11am: Breakfast (optional)  
11am-1pm: Meeting  
1pm-2pm: Working lunch  
2pm-4pm: Meeting  
4pm-6pm: Free time  
6pm: Gather in lobby for baseball game

Tuesday, 5/14

7-8am: Breakfast  
8-11am: Meeting

If you'd like to submit a request for reimbursement to cover the cost of your travel to and from the summit, please complete this form: <http://electioninnovation.org/events/reimburse/> (password: CEIR16)

If you have any questions or concerns, you may contact me directly by replying to this email or calling me at 571-438-9847.

Thank you,  
Nikki

**Nikki Cotton** (she/her) | Admin & Events Coordinator  
The Center for Election Innovation & Research  
(571) 438-9847 | [ncotton@electioninnovation.org](mailto:ncotton@electioninnovation.org)

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Washington, DC 20036

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