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APR 29 2013

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: Daniel C. Itse Work Phone No. 603.642.9403

Work Address: 20 Kelsey Dr, Fremont, N.H.

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Cafe Institute

Name of Corporate/Entity Representative: John Samples

Work Address of Representative: 100 Massachusetts Ave, Washington, D.C.

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

Value of Honorarium: \$500.00 Date Received: 4/21/13 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: \$1238.00 Date Received: 4/5/13 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: Colloquium on amending the Constitution for the U.S.

"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 C. Itse Date Filed: 4/26/13

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

SuperShuttle

Call (800) BLUE-VAN at least one day
in advance for return reservations

PASSENGER RECEIPT

4/4/2013 1:34:56PM

CONF#:
ADULT: 1
CHILD: 0

itse, daniel

Henley Park Hotel

WASHINGTON

20001

FARE: \$ 37.00
SERVICE CHARGE: \$ 1.00
DRIVER FEES: \$ 0.00
COMPANY FEES: \$ 0.00
DISCOUNT: \$ 0.00
TIP: \$ 0.00
COMP/GIFT CERT: \$ 0.00
TOTAL DUE: \$ 38.00

PAYMENT TYPE: CASH
TOTAL PAID: \$ 40.00
CHANGE DUE: -\$2.00

THIS IS A RECEIPT
NOT VALID FOR TRANSPORTATION
DRIVER GRATUITY NOT INCLUDED IN FARE
BWI

Manchester Boston Regional Airport
One Airport Road Suite 105
Manchester, N.H. 03103

Fee Computer Number: 13
Cashier: Hobbs Id #128
Transaction Number: 8311
Entered: 04/04/2013 09:36
Exited: 04/05/2013 22:29
Ticket #11555 Dispenser #20
Lot: Lot C
Area: C Lot Area
Rate: Long Term Rate
Parking Fee: \$ 20.00
Total Fee: \$ 20.00
Cash: \$ 20.00
Total Paid: \$ 20.00

Thank You for Choosing
Manchester Boston Regional Airport
Have a nice Day