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AUG 16 2006

NEW HAMPSHIRE  
SECRETARY OF STATE

**STATE OF NEW HAMPSHIRE**  
Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: BONNIE MITCHELL Work Phone No. 603-532-6321  
First Middle Last

Work Address: 7 PARSONS LANE, JAFFREY, NH 03452

Office/Appointment/Employment held: The INSURANCE SOURCE

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: DLC (Democratic Leadership Council)  
First Middle Last

Post Office Address: 600 Pennsylvania Ave. SE Suite 400  
Washington DC 20003

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

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

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

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

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

Work Address of Representative: \_\_\_\_\_

Value of Honorarium: \$600 Date Received: 7/22-23 *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: \$600 Date Received: 7/22 *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 DLC convention in Denver 2006

"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."

Bonnie Mitchell  
Signature of Filer

8-10-06  
Date Filed