

✓DW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Daniel C Itse Work Phone No. 603 642 9403

Work Address: 20 Kelsey Dr, Fremont, 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:

RECEIVED

Name of source: _____

AUG 23 2007

Post Office Address: _____

NEW HAMPSHIRE SECRETARY OF STATE

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Raymond Sportsman's Club

Name of Corporate/Entity Representative: Franklin Knowles

Work Address of Representative: _____

Value of Honorarium: \$100 Date Received: June 2007 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [x] Estimate

Value of Expense Reimbursement: _____ Date Received: _____ 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:

Annual non-voting membership

"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: 8/20/07