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STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: DANIEL A. EATON Work Phone No. 446-3303
Work Address: 15 HEDD Hill Rd. STODDARD NH 03464
Office/Appointment/Employment held: LEGISLATOR

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:

RECEIVED

Name of source: \_\_\_\_\_

APR 29 2008

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

NEW HAMPSHIRE DEPARTMENT OF STATE

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

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

If source is a Corporation or other Entity:

Name of Corporation or Entity: Democratic legislative Campaign Comte.

Name of Corporate/Entity Representative: Sarah Vaughn 90 DLCC

Work Address of Representative: 1401 K St. NW, Ste 201, Wash DC 20005

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 ESTIMATED \$50.00

Value of Honorarium: \$0 Date Received: 24 April 08 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ A copy of the agenda or an equivalent document must be attached to this filing.

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

"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

29 April 08 Date Filed

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