

LDW

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Eileen C Flockhart Work Phone No. 271-3458
First Middle Last

Work Address: LOB 206 Children + Family Law

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: _____ **RECEIVED**
First Middle Last

Post Office Address: _____ **MAR 04 2008**

Occupation: _____ **NEW HAMPSHIRE SECRETARY OF STATE**

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Catholics for Choice

Name of Corporate/Entity Representative: Roger Limoges

Work Address of Representative: 114 St., Washington DC 20009

Value of Honorarium: 250 Date Received: Dec. 7, 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 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:
travel expenses to a conference for Catholic Legislators

"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 _____ Date Filed _____

CATHOLICS FOR A FREE CHOICE
WASHINGTON, DC 20009

12811

<u>Ln#</u>	<u>Description</u>	<u>Invoice</u>	<u>Amount</u>
1	Cath.Pub.Life Trvl Scholarship	TRV.SCHLR11	250.00