

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Gary L Daniels Work Phone No. 603-860-4482
First Middle Last

Work Address: 127 Whitten Rd, Milford 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: _____
First Middle Last **MAY 25 2010**

Post Office Address: _____

Occupation: _____

**NEW HAMPSHIRE
DEPARTMENT OF STATE**

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: American Legislative Exchange Council

Name of Corporate/Entity Representative: _____

Work Address of Representative: 1101 Vermont Ave NW Ste 1100, Washington DC
20005

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

Value of Honorarium: _____ Date Received: _____ *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: 432.80 Date Received: 5/18/10 *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:

Expenses associated with attendance at Task Force on Tax + Fiscal policy meeting in St. Louis from Apr 22-25. I am a member of this Task Force.

"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."

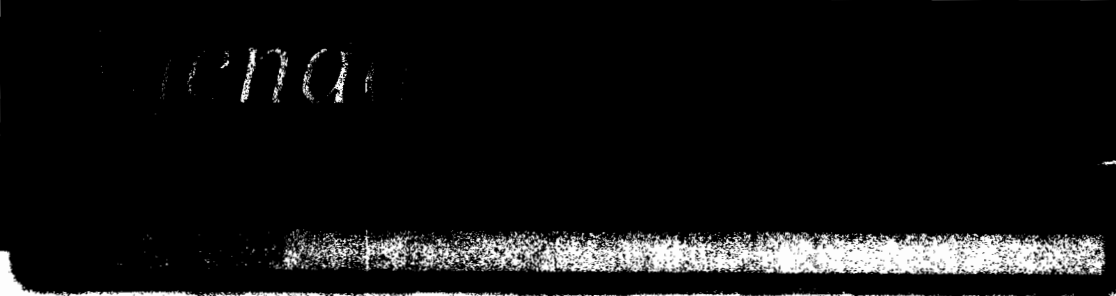
Gary Daniels
Signature of Filer

5/21/10
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



Registration 1:00 pm - 5:00 pm Grand Foyer



Registration 8:00 am - 4:00 pm Grand Foyer

Joint Board of Directors Meeting 8:00 am - 2:30 pm Arch View Ballroom

Fiscal Federalism Working Group 9:00 am - 10:15 am Gateway 4 & 5

Fiscal Policy Reform Working Group 10:30 am - 11:45 am Gateway 4 & 5

Luncheon 12:30 pm - 1:45 pm Salon D-G

- **Mr. Paul Driessen, Committee for a Constructive Tomorrow, Center for the Defense of Free Enterprise**

Task Force Meetings 2:00 pm - 5:00 pm

- **Commerce, Insurance and Economic Development** Gateway 3
- **Health and Human Services** Ballpark 1 & 2
- **Natural Resources** Lindbergh Room
- **Tax & Fiscal Policy** Gateway 4 & 5
- **Telecommunications and Information Technology** Gateway 2

Spring Task Force Summit Reception 5:30 pm - 7:30 pm Arch View Ballroom

sponsored by Bayer

Board of Directors Dinner 7:00 pm - 9:00 pm

(by invitation only)

sponsored by Bayer

