

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C)
For Legislators and Legislative Employees



Type or Print all Information Clearly:

Name: LEW TURCOTTE Work Phone #: 603-969-1026
First Middle Last

Work Address: 143 BEAUTY Hill ROAD BARRINGTON, NH 03825

Office/Appointment/Employment held: REPRESENTATIVE - STRAFFORD 4

Source of Expense Reimbursement, Honorarium, Ticket or Free Admission, or Meals and/or Beverages

List the full name, post office address, occupation, and principal place of business, if any, of the **source** of any reportable expense reimbursement, honorarium, ticket or free admission to a political, charitable, or ceremonial event, or meals or beverages consumed at a meeting or event, the purpose of which is to discuss official business, with a value greater than \$50.

If the source is an Individual:

Name of Source: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If the source is a Corporation or other Entity:

Name of Corporation or Entity: FEDERATION FOR AMERICAN IMMIGRATION REFORM

Name of Person Representing the Corporation/Entity: SUSAN TOLLEY

Work Address of Person Representing the Corporation/Entity: 25 MASSACHUSETTS AVE SUITE 330 WASHINGTON, DC 20007

I am reporting:

An **Expense Reimbursement with value over \$50.00.** (For costs that are waived, forgiven, reduced, prepaid, or reimbursed by a third party (other than the General Court) for attendance at a qualified event, pursuant RSA 14-C:2, III.)

Value of Expense Reimbursement: \$511.35 Date Received: 9-30-23 *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

An **Honorarium with value over \$50.00.** (For payment from third parties for an appearance, speech, written article or other document, service as a consultant or advisor, or participation in a discussion group or similar activities related to legislative matters, pursuant to RSA 14-C:2, V.)

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

A **ticket or free admission** to a political, charitable, or ceremonial event **with value over \$50.00.** (Pursuant to RSA 14-C:4, I.)

Meals and/or beverages consumed at a meeting or event the purpose of which is to discuss official business **with value over \$50.00.** (Pursuant to RSA 14-C:4, II.)

A **Donation** to a State or National Legislative Association Event. (Pursuant to RSA 14-C:2, IV(b)(15).)

TURN OVER TO CONTINUE

For a report relating to an Expense Reimbursement or Honorarium, you are required to attach a copy of the agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities at the event. Indicate below the names of the sponsors of activities in cases where they are not indicated on the agenda or equivalent document.

Provide a brief description of the service or event that gave rise to this Expense Reimbursement, Honorarium, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages.

2 Day Border School/Tour @ US/Mexican Border
(McAllen Texas)

Source of a Donation to a State or National Legislative Association Event

Provide an itemized report of all individuals, corporations, or other entities from whom you received a donation on behalf of a state or national legislative association event.

Full Name of Donator	Post Office Address	Value of Donation	Date Received	Name of Legislative Association
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(Attach Additional Sheets if Necessary)

"I have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."


SIGNATURE OF FILER

10-23-23
DATE FILED

RSA 14-C:7 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. Please provide the following information about the person filing this report.

This information will not be made public:

Home Phone: [REDACTED]

FAIR Federation for American Immigration Reform

25 Massachusetts Ave, Suite 330,
Washington, D.C. 20001
202-328-7004 | 202-



FAIR Border School McAllen Texas

Date: September 29-30, 2023

Representative Len Turcotte

Expenses Paid by FAIR: Hotel, Meals and local transportation

Item Description	Amount
Hotel @ \$159 night + 15% room Tax	\$365.00
Meals: Reception, Lunch, Dinner	\$146.35
Bus	\$53.27

Subtotal	\$511.35
Tax Rate	
Other Costs	
Total Cost	\$511.35

If you have any questions concerning these expenses paid on your behalf, contact:
Susan Tully 1-202-328-7004 or tully.susan@outlook.com