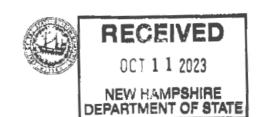
## STATE OF NEW HAMPSHIRE

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



## Type or Print all Information Clearly:

value over \$50.00. (Pursuant to RSA 14-C:4, II.)

Name:	_Keith Erf		Work Pho	one #:603-529-2512 (home)		
Work A	ddress:	_NH Statehouse				
Office//	Appointmen	t/Employment held:?	NH State Representative_			
Source	of Expens	e Reimbursement, Ho	onorarium, Ticket or Fre	ee Admission, or Meals and/or Beverages		
reporta event,	ble expens or meals o	e reimbursement, hone	orarium, ticket or free ad:	Il place of business, if any, of the source of any dmission to a political, charitable, or ceremonial at, the purpose of which is to discuss official		
If the s	ource is an	Individual:				
			Middle	Last		
		Corporation or other				
Work Address of Person Representing the Corporation/Entity:						
" A prepaid pursua Value o	d, or reiml nt RSA 14- of Expense	bursed by a third par C:2, III.) Reimbursement: \$500	ty (other than the Gener 0.00 Date Received:	(For costs that are waived, forgiven, reduced, eral Court) for attendance at a qualified event,		
article activiti Value	or other do es related to of Honorari	cument, service as a co o legislative matters, pu um:		If exact value is unknown, provide an		
	ticket or f 4-C;4, I.)	ree admission to a pol	itical, charitable, or ccrem	nonial event with value over \$50.00. (Pursuant to		

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

Meals and/or beverages consumed at a meeting or event the purpose of which is to discuss official business with

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.							
alec.org							
	cription of the service or event that sion to a political, charitable, or cele	•	Expense Reimbursement, Honorarium, meals or beverages.				
Attended ALEC legislative conference 07/25/23 - 07/29/23This is a partial reimbursement in addition to the partial reimbursement reported 09/25/23 for the same event.							
Source of a Donati	ion to a State or National Legislative	e Association Eve	ent				
	d report of all individuals, corporation or national legislative association ev		es from whom you received a donation				
Full Name of Donator	Post Office AddressValue of Donation	Date Received	Name of Legislative Association				
	(Attach Additiona)	Sheets if Necessary)					
"I have read RSA best of my knowled	•	at the foregoing	information is true and complete to the				
			11. 1,200				
SIGNATURE OF I	TLER		DATE FILED				
	false report shall be guilty of a misd		with the provisions of this chapter or provide the following information about				
	will not be made public:						
Home Phone:	-						
<u>.</u>							

For a report relating to an Expense Reimbursement or Honorarium, you are required to attach a copy of the