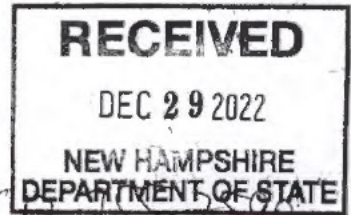


STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: DANIEL POPOVICI-MULLER Work Phone #: 603 552 2590

Work Address: 12 CLARKE FARM RD, WINDHAM, NH 03087

Office/Appointment/Employment held: STATE REPRESENTATIVE / SELF EMPLOYED

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: \_\_\_\_\_

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

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

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

If the source is a Corporation or other Entity:

Name of Corporation or Entity: YOUNG AMERICANS FOR LIBERTY

Name of Person Representing the Corporation/Entity: MATHEW FARLO 512 825 9142

Work Address of Person Representing the Corporation/Entity: 500 N. CAPITAL OF TEXAS HWY UNIT 100, AUSTIN, TX 78746

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: \$575.00 Date Received: Nov 17 19 2022 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [ ] Exact [X] 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.

AGENDA ATTACHED

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.

3 DAY CONFERENCE IN ORLANDO FLORIDA (THE NAZ CITY SUMMIT) EDUCATING LEGISLATORS ON HOW TO BE EFFECTIVE AND ON VARIOUS FREEDOM RELATED TOPICS.

**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
(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

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]

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301



# 2022 HAZLITT SUMMIT

Presented by  LIBERTY  
FOUNDATION

## **Thursday, November 17, 2022**

9:00am-5:00pm: Travel Day + Free Time + Legislator Check-In

5:00pm: Kick-Off with Chairman Jeff Frazee and CEO, Lauren Daugherty

5:30pm: Welcome Dinner + Speakers

8:00pm: Reception hosted by Americans for Prosperity (Atrium)

## **Friday, November 18, 2022**

8:00am: Breakfast + General Session

12:15pm: Break and Group Photo

12:30pm: Lunch

1:30pm: General Session

5:00pm: YAL's Student Rights Campaign Presentation

5:30pm: Reception hosted by Save our States (Atrium)

6:30pm: Dinner (Atrium)

## **Saturday, November 19, 2022**

8:00am: Breakfast + General Session

9:00am: Legislative Workshop

12:00pm: Lunch

1:00pm: Legislative Workshop

5:30pm: Reception hosted by Students for Life Action (Atrium)

6:30pm: Dinner and Award Ceremony (Orlando Ballroom)

***Thank you for your dedication to advancing Liberty!***