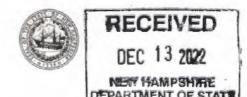
#### STATE OF NEW HAMPSHIRE

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



#### Type or Print all Information Clearly:

Name: Alicia		Lekas	Work Phone #:603-881-8960
First	Middle	Last	
Work Address: 30 Barretts I	Hill Rd, Hudson, N	NH 03051	
Office/Appointment/Employr	nent held: New Ha	impshire State Repres	sentative
Source of Expense Reimb	ursement, Honord	urium, Ticket or Free	Admission, or Meals and/or Beverages
reportable expense reimbu	rsement, honorarionses consumed at	um, ticket or free adn	place of business, if any, of the source of any nission to a political, charitable, or ceremonial , the purpose of which is to discuss official
If the source is an Individance of Source:	ual:		
Post Office Address:		Middle	Last
Occupation:			
Principal Place of Business:			
If the source is a Corporat	tion or other Enti	ty:	
Name of Corporation or Entire	y: Young American	n's for Liberty	
Name of Person Representing	g the Corporation/E	ntity: Heather Fazio	
Work Address of Person Rep	resenting the Corpo	oration/Entity: 500 N C	apital of Texas Hwy, Unit 100, Austin, TX 78746
The state of the s	arty (other than the	e General Court) for  Date Recei	
	ervice as a consulta ve matters, pursuar D	ant or advisor, or particular to RSA 14-C:2, V.) ate Received:	ird parties for an appearance, speech, written cipation in a discussion group or similar  If exact value is unknown, provide a mate.
-			nial event with value over \$50.00. (Pursuant t
Meals and/or beverage value over \$50.00. (Pursua			rpose of which is to discuss official business wit
A Donation to a State	or National Legis	slative Association Ev	vent. (Pursuant to RSA 14-C:2, IV(b)(15).)
			TURN OVER TO CONTINUE

For a report relating to an Expense Reimbursement or Honor agenda or an equivalent document which addresses the subjects at the event. Indicate below the names of the sponsors of activiagenda or equivalent document.	addressed and th	e time schedule of all activities
See Attached		
Provide a brief description of the service or event that gave risticket or free admission to a political, charitable, or celebratory	event, or meals o	r beverages.
Airfare, Hotel, Meals to attend conference		
Source of a Donation to a State or National Legislative Associ	ation Event	
Provide an itemized report of all individuals, corporations, or of on behalf of a state or national legislative association event.	ther entities from	whom you received a donation
Full Name of Donator Post Office Address Value of Donation	Date Received	Name of Legislative Association
		y-1910
(Attach Additional Sheets if	Necessary)	
"I have read RSA 14-C and hereby swear or affirm that the fo best of my knowledge and belief."	regoing informat	ion is true and complete to the
SIGNATURE OF FILER		/2-/0-22 DATE FILED
RSA 14-C:7 Penalty. Any person who knowingly fails to knowingly files a false report shall be guilty of a misdemeanor the person filing this report.		
This information will not be made public:		
Home Phone:		



## 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!