| STATE OF NEW HAMPSHIRE | RECEIVED |
|--|---------------------------------------|
| Honorarium or Expense Reimbursement Report | PET 2 8 202? |
| Executive Branch – RSA 15-B | PEGA ZUCZ |
| Type or Print all Information Clearly: | DEPARTMENT OF STATE |
| Name: TONY PIEMONTE Work Phone No. | |
| | |
| Work Address: RetiRED | |
| Office/Appointment/Employment held: NH STate RepRese | intative |
| List the full name, post office address, occupation, and principal place of business, if any, of the or expense reimbursement. When the source is a corporation or other entity, the name and work a corporation or entity in making the honorarium or expense reimbursement must be provided in ac or entity. | ddress of the person representing the |

10.12

Source of Honorarium or Expense Reimbursement:

| Name of source: | | | | |
|--|---|------------------------------|---------------------------------------|-------------------------------------|
| | First | Middle | | Last |
| Post Office Address: | | | | |
| Occupation: | | | | |
| Principal Place of Busines | ss: | | | |
| If source is a Corporation | n or other Ent | ity: | C | A-0 |
| Name of Corporation or H | Entity: YO | ung Ameri | icans to r | LIBERTY |
| Name of Corporate/Entity | Representativ | e: theat Her | FAZIO | |
| Work Address of Represe | ntative: 3 | AUSTIN TX T | | StE 107-65 |
| Value of Honorarium: \$15 the gift or honorarium and | 80,00 Date Rec identify the value | veived: 11/17/22 If exact | act value is unknown, j Estimate K | provide an estimate of the value of |
| Value of Expense Reimburs be attached to this filing. | ement: Exact | _ Date Received: Estimate | _A copy of the agend | a or an equivalent document must |
| State 1997 - State 1997 - State 1997 | | | Contract Contract of Contract | |

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

I Attended A Conference AND THE Cost of AIR, Weals AND Hotel were Part By Y.A.L. ATANESTIMAted Cost of \$ 1580.00 "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"

and belief."

remonte onu Signature of Filer

12/22/22 Date Filed

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, 107 North Main Street, State House Room 204, Concord, NH 03301



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!