STATE OF NEW HAMPSHIRE

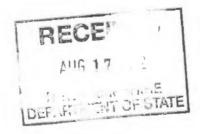
Honorarium or Expense Reimbursement Report (RSA 14-C) For Legislators and Legislative Employees



| Type or Print all Information Clearly: | 603-483-1039 |
|--|-----------------------------------|
| Name: WILLIAM WARNIAN BOYD, THE WORK Phor | ne #: 603-660-6077 |
| Pinet XCAD Y | |
| Work Address: 2 MAIN STREET, CANDIA, NH 03034 | |
| Office/Appointment/Employment held: 117 E EXAMINER | |
| | |
| 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 reportable expense reimbursement, honorarium, ticket or free admission to a politievent, or meals or beverages consumed at a meeting or event, the purpose of business, with a value greater than \$50. | tical, charitable, or ceremonial |
| If the source is an Individual: | RECEIVED |
| Name of Source: First Middle Last | AUG 17 2022 |
| Post Office Address: | NEV HAMESHIRE |
| Occupation: | DEPARTMENT OF STATE |
| Principal Place of Business: | |
| | |
| If the source is a Corporation or other Entity: | <u></u> |
| Name of Corporation or Entity: DTATE LEGISLATIVE LEADER | STOUNDATION |
| Name of Corporation or Entity: STATE LEGISLATIVE LEADER Name of Person Representing the Corporation/Entity: STERIER G. L. | HEUS |
| Work Address of Person Representing the Corporation/Entity: 481 Mare Street | |
| I am reporting: | 62682 |
| An Expense Reimbursement with value over \$50.00. (For costs that ar | e waived, forgiven, reduced, |
| prepaid, or reimbursed by a third party (other than the General Court) for att pursuant RSA 14-C:2, III.) | |
| | 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 Honorgrium with value over \$50.00 (For resement from third mating for an | 3444 - 1 |
| An <u>Honorarium</u> with value over \$50.00. (For payment from third parties for an a article or other document, service as a consultant or advisor, or participation in a discussion.) | assion group or similar |
| activities related to legislative matters, pursuant to RSA 14-C:2, V.) | assion group or similar |
| Value of Honorarium: \$4,288. Se Date Received: 7/11-7/14,2021fe | xact value is unknown, provide an |
| estimate of the value of the gift or honorarium and identify the value as an estimate. | Exact |
| A ticket or free admission to a political, charitable, or ceremonial event with v | value over \$50.00. (Pursuant to |
| RSA 14-C:4, I.) | 73 800 |
| Meals and/or beverages consumed at a meeting or event the purpose of which is | Lie Cockery |
| Meals and/or beverages consumed at a meeting or event the purpose of which is value over \$50.00. (Pursuant to RSA 14-C:4, II.) | to discuss official business with |
| 7 mile 0.61 \$50.00. (1 distant to NOA 14-0.4, II.) | |
| A Donation to a State or National Legislative Association Event. (Pursuant to | RSA 14-C:2, IV(b)(15).) |

TURN OVER TO CONTINUE

| agenda or an equiv | alent document which ate below the names o | addresses the subject | ts addressed a | nd the time | to attach a copy of the schedule of all activities are not indicated on the |
|--|---|---|----------------|------------------------------|---|
| And the state of | | | | | |
| | 1 | 81 -11 | 3 4 | 190 | .: |
| Provide a brief des ticket or free admis | cription of the service sion to a political, cha | or event that gave r ritable, or celebratory | ise to this Ex | pense Reiml als or bevera | bursement, Honorarium nges. |
| Provide an itemized | ion to a State or Natio | als, corporations, or o | | | you received a donatio |
| Full Name of Donator | or national legislative Post Office Address | Value of Donation | Date Receiv | ved Name o | f Legislative Association |
| = 12.7 | The hearth | 1 147. | I v am | i i | |
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| 1-1 | | A | | | |
| "I have read RSA best of my knowled | 14-C and hereby swea | ttach Additional Sheets if | | rmation is t | rue and complete to th |
| SIGNATURE OF F | \sim | Marin Com | | 49121 | st zezz |
| knowingly files a fathe person filing thi | alse report shall be gu | ilty of a misdemeano | r.Please prov | i the provis | ions of this chapter o wing information abou |
| This information v Home Phone: Home Address: STRE | vill not be made publ | ic: | | ZIF | |
| E-mail Address: | rn to: Secretary of Sta | te's Office, State Hou | use Room 204 | , Concord, 1 | NH 03301 |





STATE LEGISLATIVE LEADERS FOUNDATION

Emerging Leaders Program

Darden School of Business, University of Virginia - Charlottesville, VA

July 11 - 14, 2022

Expense Breakdown

Hon. William Boyd, III

| Room and Board | \$975.00 |
|---------------------------------|------------|
| Tuition and Fees | \$2,500.00 |
| UVA Rotunda Dinner | \$112.75 |
| Event Transportation (Estimate) | \$30.00 |
| Monticello Ticket | \$22.00 |
| Travel Reimbursement | \$648.81 |
| TOTAL | \$4,288.56 |