

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 14-C)

For Legislators and Legislative Employees



Type or Print all Information Clearly:

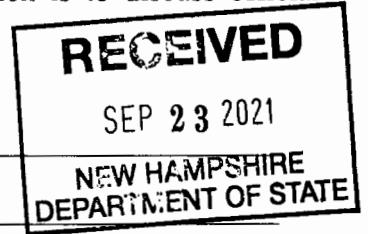
Name: DAVID W. BINFORD Work Phone #: 972-351-3389
First Middle Last

Work Address: 241 PORTER RD BATH, NH 03740

Office/Appointment/Employment held: GRAFTON 15 STATE REPRESENTATIVE

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: First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

If the source is a Corporation or other Entity:

Name of Corporation or Entity: HAZLITT / YOUNG AMERICANS FOR LIBERTY

Name of Person Representing the Corporation/Entity: TED PATTERSON

Work Address of Person Representing the Corporation/Entity: 500 N CAPITAL of TEXAS Hwy 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: 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

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: 1,307.90 Date Received: 5 AUG 2021 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.) N/A

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.) N/A

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

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.

Already on file with Secretary of State
Legislative Educational Conference

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.

Legislative Educational Conference

Source of a Donation to a State or National Legislative Association Event

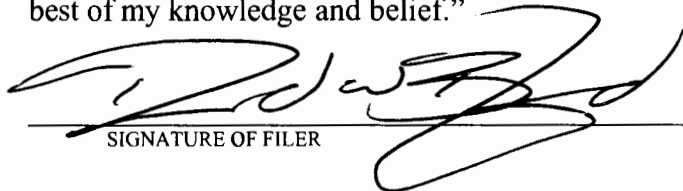
Provide an itemized report of all individuals, corporations, or other entities from whom you received a donation on behalf of a state or national legislative association event.

Full Name of Donator Post Office Address Value of Donation Date Received Name of Legislative Association

N/A

(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

21 SEPT 2021
DATE FILED

[Redacted area containing various blacked-out text and numbers, including the number 03740]