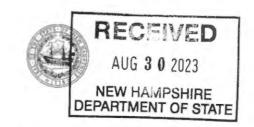
STATE OF NEW HAMPSHIRE

Type or Print all Information Clearly:

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



| Name: | Lean | P. | Cuchman | Work Phone | No.: 271-3125 |
|------------------------------|---|--|---|---|--|
| 317 1 4 | First | Mide | lle Last | | V |
| | Address: | | 200 | 1 11 | |
| Office/ | Appointment/E | mployment held: | Stade Rep | resentati | VE |
| reporta event, busines | able honorarium or meals or l ss, with a valu | m, expense reimbo beverages consum e greater than \$50 | ursement, ticket or free a ned at a meeting or eve | dmission to a politic nt, the purpose of | if any, of the source of any al, charitable, or ceremonia which is to discuss official leals and/or Beverages: |
| If the s | source is an Ir | ndividual: | | | |
| Name o | of Source: | First | | | |
| Post Of | fice Address: | | Middle | Last | |
| | tion: | | | | |
| Principa | al Place of Busi | | | | |
| Name o Work A | of Person Repres | senting the Corpora | tion/Entity: | ew Soss 67 Bee Cave | aberty SRJ Ste 10765 TX 78746 |
| l am re | porting: | | | | |
| prepaid | | ed by a third par | | | waived, forgiven, reduced, dance at a qualified event. |
| | of Expense Rein an estimate of th | | Date Rec | | If exact value is unknown, □ Exact □ Estimate |
| article o | or other docum | ent, service as a co | 0.00. (For payment from to insultant or advisor, or pararsuant to RSA 14-C:2, V. | ticipation in a discuss | |
| Value o | of Honorarium: of the value of th | ne gift or honorarium | Date Received:and identify the value as an e | stimate. | Exact Estimate |
| RSA 14 | 4-C:4, I.) eals and/or bev | | at a meeting or event the p | | ue over \$50.00. (Pursuant to |

TURN OVER TO CONTINUE

| For a report relating to an honorarium or expense reimbursement, you are required to attach a copy of agenda or an equivalent document which addresses the subjects addressed and the time schedule of all activities the event. Indicate below the names of the sponsors of activities in cases where they are not indicated on agenda or equivalent document. |
|---|
| on file with SOS |
| Provide a brief description of the service or event that gave rise to this Honorarium, Expense Reimbursem icket or free admission to a political, charitable, or celebratory event, or meals or beverages: Hotel: \$650, food: \$250, flight \$338.46 Total: \$175 |
| If have read RSA 14-C and hereby swear or affirm that the foregoing information is true and complete to best of my knowledge and belief." $8/30/23$ |
| RSA 14-C:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter knowingly files a false report shall be guilty of a misdemeanor. |
| Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301 |
| |
| |
| Please provide the following information about the person filing this report. |
| This information will not be made public: |
| Home Phone: |
| Home Address: |
| STREET TOWN/CITY ZIP Mailing Address if different: |

E-mail Address: