STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:	
Name: Alexis Hancock Simpson Work F First Middle Last	Phone #: 603-303-4722
First Middle Last	
Work Address: State House: 107 N. Main St. Concord, A	JH Room 307
Office/Appointment/Employment held: NH 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 busi reportable expense reimbursement, honorarium, ticket or free admission to a pevent, or meals or beverages consumed at a meeting or event, the purpose business, with a value greater than \$50.	political, charitable, or ceremonial
If the source is an Individual:	
Name of Source:	
First Middle Las	t
Post Office Address:	RECEIVED
Occupation:	0001
Principal Place of Business:	OCT 2 8 2024
If the source is a Corporation or other Entity:	NEW HAMPSHIRE DEPARTMENT OF STATE
Name of Corporation or Entity: The States Project Name of Person Representing the Corporation/Entity: Michelle Nguy Work Address of Person Representing the Corporation/Entity: Future Now F	
Name of Bosson Bosson to the Control of the States 17038 CT	11/11/04
Name of Person Representing the Corporation/Entity:	en or vereliz Janiana
Work Address of Person Representing the Corporation/Entity: Future Now F	Action Engagen
(all Pennsylvan	VIA AVE SE#143
An Expense Reimbursement with value over \$50.00. (For costs that	2. 20003
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 pursuant RSA 14-C:2, III.)	attendance at a qualified event,
Value of Expense Reimbursement: \$1505 Date Received: 7/30	24 If exact value is unknown,
provide an estimate of the value of the gift or honorarium and identify the value as an estimate	te. Exact Estimate
An <u>Honorarium</u> with value over \$50.00. (For payment from third parties for article or other document, service as a consultant or advisor, or participation in a diactivities related to legislative matters, pursuant to RSA 14-C:2, V.)	an appearance, speech, written iscussion group or similar
Value of Honorarium: 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
A <u>ticket or free admission</u> to a political, charitable, or ceremonial event wit RSA 14-C:4, I.)	th value over \$50.00. (Pursuant to
Meals and/or beverages consumed at a meeting or event the purpose of which value over \$50.00. (Pursuant to RSA 14-C:4, II.)	is to discuss official business with

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

TURN OVER TO CONTINUE

For a report relating to an <u>Expense Reimbursement</u> or <u>Honorarium</u> , 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.		
Provide a brief description of the service or event that a ticket or free admission to a political, charitable, or celeb	gave rise to this Expense Reimbursement, Honorarium, ratory event, or meals or beverages.	
Source of a Donation to a State or National Legislative	Association Event	
Provide an itemized report of all individuals, corporation on behalf of a state or national legislative association eve	s, or other entities from whom you received a donation ent.	
Full Name of Donator Post Office Address Value of Donati	on Date Received Name of Legislative Association	
- Willer on Alexander of the		
(Attach Additional S	heets if Necessary)	
"I have read RSA 14-C and hereby swear or affirm that best of my knowledge and belief."	the foregoing information is true and complete to the	
alejis N. Simpson	10/28/24	
RSA 14-C:7 Penalty. Any person who knowingly fa knowingly files a false report shall be guilty of a misder the person filing this report.	ils to comply with the provisions of this chapter or meanor. Please provide the following information about	
This information will not be made public:		
Home Phone:		
Home Address: Town/city	7TD	
Mailing Address if different:	ZIP	
E-mail Address:		

The States Project Women Legislative Leaders Cohort

Agenda

Friday, June 14 - Saturday, June 15, 2024 Washington, D.C.

Friday, June 14, 2024

8:30-9:00AM Breakfast

9:00-9:30AM Welcome & Opening

9:30-11:00AM The Importance of Women's Leadership & Representation

11:00-11:15AM Break

11:15-12:15PM Building Your Power

12:15-12:45PM Lunch

12:45-2:00PM Building Your Brand

3:00-5:00PM White House Briefing

Saturday, June 15, 2024

9:00-10:45AM Case Consultancies

10:45-11:00AM Break

11:00-12:30PM Building Your Leadership

12:30-1:00PM Closing