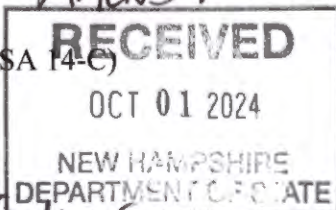


AMENDMENT TO 13 SEP 2024
REPORT TO
ADD FORD \$105.99

STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name: JESSE CRATON ESTACOS Work Phone #: 603 376 7885

Work Address: 33 RATTLESNAKE HILL ROAD AUBURN NH 03032

Office/Appointment/Employment held: 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: NATIONAL CONFERENCE OF STATE LEGISLATORS (NCSL)

Name of Person Representing the Corporation/Entity: ALICIA ALISE GARCIA

Work Address of Person Representing the Corporation/Entity: NCSL, 7700 FIRST PLACE, DENVER CO 80230

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: \$1,000 + 105.99 = 1,105.99 Date Received: SEPTEMBER 2024
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: _____ 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 ticket or free admission to a political, charitable, or ceremonial event **with value over \$50.00**. (Pursuant to RSA 14-C:4, I.)

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.) \$105.99 DISREGARD

A Donation 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 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.

AGENDA & TOPICS ATTACHED

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.

NCSL WANTED MY PARTICIPATION IN A HEALTH CARE WORKFORCE FOCUS 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.

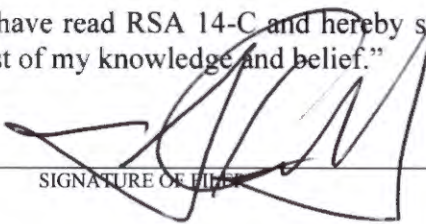
Full Name of Donator Post Office Address Value of Donation Date Received Name of Legislative Association

NCSL PAID \$1,105.99 OF A \$3,000 COST.

I'LL EAT & UNDETERMINED AMOUNT AFTER THE SPEAKERS OFFICE FINALIZES PAPERWORK

(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

1 OCT 2024

DATE FILED

RSA 14-C:7 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. 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: _____

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301



Wayne A. Harper

President, NCSL
Senate President
Pro Tempore, Utah

John Snyder

Staff Chair, NCSL
Transportation Committee
Staff Administrator,
Kentucky Legislative
Research Commission

Tim Storey

Chief Executive Officer,
NCSL

Dear Representative Jess Edwards,

Included below are expenses billed directly to NCSL for the cost of your hotel and food for the 2024 NCSL Legislative Summit: Health Workforce Workshop Meeting August 8 in Louisville, KY.

Expense Type	Cost
Food and Beverage 8/8 <i>Breakfast & Lunch</i>	\$35.10 (Breakfast including service fee) \$70.89 (Lunch - \$56.70 plus service fee = \$70.89)
Incidentals <i>Travel Airfare Hotel (One-night) & Parking Meal on 8/4 Submitted 8/29</i>	\$1,000.00
Total	\$1,105.99

Thank you, Alise

Alise Garcia

National Conference of State Legislatures
Program Coordinator | Health Program
303-856-1405 (o) | 720-713-0332 (m) | 303-856-2623 (f)

