STATE OF NEW HAMPSHIRE

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



Type or Print all Information Clearly:

Name:	Lisa			Mazur	Work Phone #:	
	First	Mid	dle	Last '		
Work Address:		NH State House - Concord, NH				
Office/Appointment/Employment held:		State Re	presentative - Hillsbo	rough District 44		

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 of	other Entity:	
Name of Corporation or Entity: Fa	mily Policy Foundation	
Name of Person Representing the C	orporation/Entity: Andrea F	Ross
Work Address of Person Representi	ng the Corporation/Entity:8675 Ex	xplorer Drive, Suite 112, Colorado Springs, CO 8092
I am reporting:		
	with value over \$50.00. (For co	osts that are waived, forgiven, reduced, prepaid
	ther than the General Court) for	attendance at a qualified event, pursuant RSA
14-C:2, III.)		
Value of Expense Reimbursement:	Date Receiv	ved: If exact value is unknown
provide an estimate of the value of the	gift or honorarium and identify the val	alue as an estimate. Exact Estimate
An Honorarium with value or	ver \$50.00. (For payment from this	ird parties for an appearance, speech, written
	as a consultant or advisor, or partic	cipation in a discussion group or similar
		If exact value is unknown, provide a
estimate of the value of the gift or honor	rarium and identify the value as an estin	imate.
	political, charitable, or ceremonial	l event with value over \$50.00. (Pursuant to RSA
14-C:4, I.)		

□ <u>Meals and/or beverages</u> 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.)

□ 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 <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 gave rise to this Expense Reimbursement, Honorarium, ticket or free admission to a political, charitable, or celebratory event, or meals or beverages.

I received an invitation to participate in the FPF's yearly Statesmen Academy in Washington, DC from July 22-26,

2024. Invitation included free registration, lodging, meals & beverages. I had to pay for my own airfare and

transportation as well as some meals. See attached gift receipt from FPF.

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
	(4	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."

Liseman	8/30/2024		
SIGNATURE OF FILER	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:		
OTICLE	10 11 1011 1	
	State Hous	e Room 204, Concord, NH 03301



Family Policy Foundation 8675 Explorer Drive Suite 112 Colorado Springs, CO 80920 719-308-2821

Gifted Items				
Category	Description		Amount	
Hotel Room	Monday, July 22, 2024	1	\$	274.7
Hotel Room	Tuesday, July 23, 2024	1	5	274.7
Hotel Room	Wednesday, July 24, 2024	1	\$	274.7
Hotel Room	Thursday, July 25, 2024	1	5	274.7
Meals	SA Reception & Dinner @ Hotel)	1	\$	131.3
Meals	Breakfast Buffet @ Hotel	1	\$	83.8
Meals	Coffee/Tea	1	\$	14.5
Meals	SA Spouse Coffee	1	\$	22.0
Meals	Lunch @ Hotel	1	\$	86.6
Meals	Welcome Reception - SoCon	1	\$	51.8
Meals	Statesmen, FPC and FPA Breakfast Buffet @ Hotel - continental	1	\$	64.1
Meals	Lunch @ Hotel	1	\$	93.5
Meals	Coffee/Tea	1	\$	14.5
Meals	Capitol Hill Club	1	\$	66.5
Meals	Statesmen, FPC and FPA Breakfast Buffet @ Hotel - continental	1	\$	64.00
Meals	Lunch @ Hotel	1	\$	85.2
Meals	Coffee/Tea	1	\$	14.5
Meals	Awards Reception - FPCs in SoCon budget	1	\$	29.1
Meals	Awards Dinner @ Hotel - FPCs in SoCon budget	1	\$	133.3
Meals	Breakfast Buffet @ Hotel - continental plus sandwiches	1	\$	64.0
Meals	Coffee/Tea	1	\$	7.9
Meals				
Meals				
	T I	fotal	\$	2,126.48