STATE OF NEW HAMPSHIRE

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

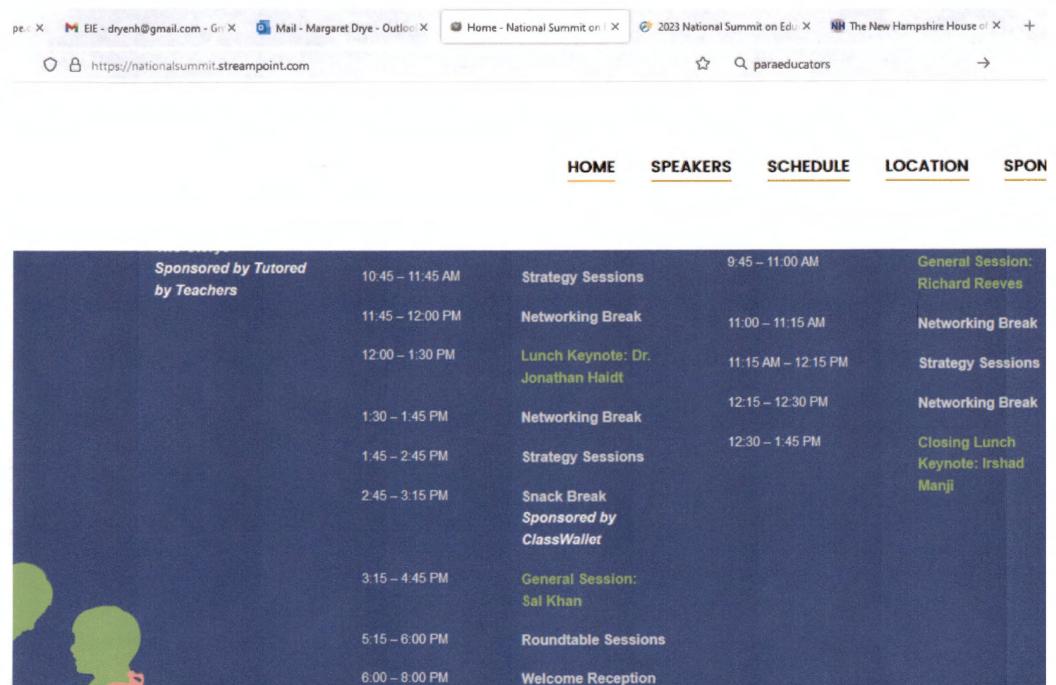


Type or Print all Information Clearly:	
Name: Margaret M. Drye Work Phone First Middle Last	#: 603 443 2125
First Middle Last	
Work Address: PO Rox 3 Plainfield NH 03781	
Office/Appointment/Employment held: State Representative	
Source of Expense Reimbursement, Honorarium, Ticket or Free Admission, or M	eals and/or Beverages
List the full name, post office address, occupation, and principal place of business, reportable expense reimbursement, honorarium, ticket or free admission to a politic event, or meals or beverages consumed at a meeting or event, the purpose of which is with a value greater than \$50.	al, charitable, or ceremonial
If the source is an Individual:	
Name of Source:	
First Middle Last Post Office Address:	
Occupation:	
Principal Place of Business:	RECEIVED
If the source is a Corporation or other Entity:	JAN 1 2 2024
Name of Corporation or Entity: Excel in Ed	NEW HAMPSHIRE DEPARTMENT OF STATE
Name of Person Representing the Corporation/Entity: Charla Lancaster	L TOTALL
Work Address of Person Representing the Corporation/Entity: PO Box 10691	
I am reporting: Tallahu ssee, Fl	- 32302
An Expense Reimbursement with value over \$50.00. (For costs that are waived or reimbursed by a third party (other than the General Court) for attendance at a qual-4-C:2, III.) Value of Expense Reimbursement: Date Received: 1/2/24 provide an estimate of the value of the gift or honorarium and identify the value as an estimate.	, forgiven, reduced, prepaid, alified event, pursuant RSA
	pearance, speech, written ion group or similar ct value is unknown, provide an Exact Estimate
A <u>ticket or free admission</u> to a political, charitable, or ceremonial event with value o 14-C:4, I.)	ver \$50.00. (Pursuant to RSA
Meals and/or beverages consumed at a meeting or event the purpose of which is to value over \$50.00. (Pursuant to RSA 14-C:4, II.)	discuss official business with
A <u>Donation</u> to a State or National Legislative Association Event. (Pursuant to RS	SA 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 agend 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 agend or equivalent document.
Provide a brief description of the service or event that gave rise to this <u>Expense Reimbursement</u> , <u>Honorarium ticket or free admission</u> to a political, charitable, or celebratory event, or <u>meals or beverages</u> .
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 donatio 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
(Attach Additional Sheets if Necessary)
(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."
Margaret M Duye 1/12/24 SIGNATURE OF FILER DATE FILED
RSA 14-C:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingle files a false report shall be guilty of a misdemeanor. Please provide the following information about the person filing this report.
This

, NH 03301

























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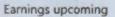


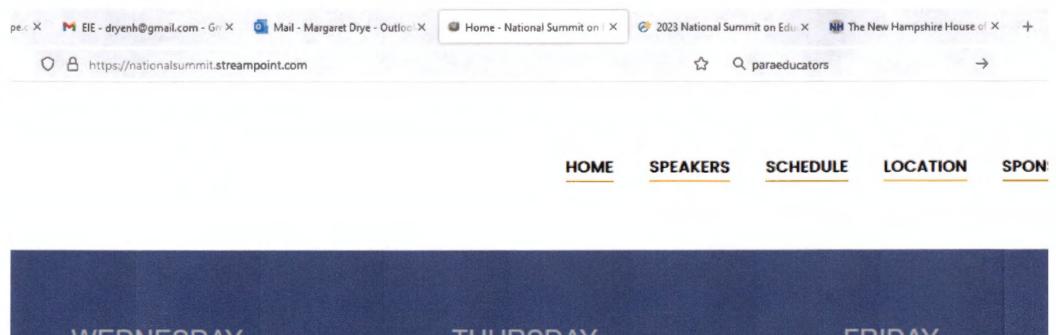














Earnings upcoming