STATE OF NEW HAMPSHIRE

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



RECEIVED

SEP 04 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Info	ormation Clearly:	0 1 0		CONTINUENT OF STATE
Name: Jason	Louis	5 (Terhard	Work Phone	#: (603)716-4632
First	Medal			
Work Address: Se	It employed	Carpenter		
Office/Appointment/E	mployment held:	Sett employed		
R Falls		1 (
Source of Expense	Reimbursement, Ho	norarium, Ticket or Fr	ee Admission, or M	eals and/or Beverages
reportable expense r	eimbursement, hono beverages consumed	rarium, ticket or free ad	lmission to a politic	if any, of the source of any al, charitable, or ceremonial which is to discuss official
If the source is an I				
Name of Source:	First	Middle	T	
Post Office Address:		Middle	Last	
4.			MM-1900000000000000000000000000000000000	
Principal Place of Bus	iness:			
If the source is a Co	rporation on other E	Entity:		
Name of Corporation	or Entity: Young	Americans for	r Liberty	
Name of Person Repre	esenting the Corneration	on/Entity: Teff To	mee.	V 1.00 W
			A	21 - W 1 -
Work Address of Pers	on Representing the Co	orporation/Entity: 326		Ste 107-65
I am reporting:		Austin	, TX 78746	
	eimbursement with	value over \$50.00. (For costs that are	waived, forgiven, reduced,
		(other than the Gener	ral Court) for atten-	dance at a qualified event,
pursuant RSA 14-C: Value of Expense Rein		Data Dana	stande	Want of the land of the same
		norarium and identify the v	eived:eived:	If exact value is unknown, Exact Estimate
				pearance, speech, written
		ultant or advisor, or parti		ion group or similar
Value of Honorarium:	1.583,23	Suant to RSA 14-C:2, V.) Date Received: Second	1-4 2024 If exa	ct value is unknown, provide an
estimate of the value of the	he gift or honorarium an	Date Received: Sept and identify the value as an est	timate.	ct value is unknown, provide an Exact Estimate
no 455.75	lodging 855.33	Flight 271.95		ue over \$50.00. (Pursuant to
A ticket or free	admission to a politic	cal, charitable, or ceremo	onial event with value	ue over \$50.00. (Pursuant to
RSA 14-C:4, I.)				
			ipose of which is to	discuss official business with
value over \$50.00. (P	ursuant 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

For a report relating to an Expense Rei	mbursement or Hono	rarium, you are	required to attach a copy	of the
agenda or an equivalent document which at the event. Indicate below the names o	addresses the subject	s addressed and t	he time schedule of all acti	vities
agenda or equivalent document.	t the sponsors of activ	vittes in cases will	ere they are not indicated t	on the
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CN THE				_
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British.				
Provide a brief description of the service	or event that gave r	ise to this Expens	se Reimbursement, Honora	irium,
ticket or free admission to a political, cha	ritable, or celebratory	event, or <u>meals o</u>	or beverages.	
Legislative education				
U ·				
\$ 1				
S. Daniel L. Cart.				
Source of a Donation to a State or Natio				
Provide an itemized report of all individu	als, corporations, or o	other entities from	whom you received a dor	ation
on behalf of a state or national legislative				
Full Name of Donator Post Office Address	Value of Donation	Date Received	Name of Legislative Association	t
		· · ·		
, t V				
100				
i ·				
		-	7.11	
. (A	ttach Additional Sheets if	Necessary)		
"I have read RSA 14-C and hereby swea	r or affirm that the f	oregoing informa	tion is true and complete t	o the
best of my knowledge and belief."			1	
1 (1)				
Loson Jehn			September 2,2	-02
SIGNATURE OF FILER			DATE FILED	
RSA 14-C:7 Penalty. Any person who	knowingly fails to	comply with the	provisions of this chapt	er or
knowingly files a false report shall be guithe person filing this report.	nty of a filistemeano.	r.Please provide t	ne rottowing information a	mont
This information will ubl	ic:			
Home Phone:		_	<u>. 1</u>	
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