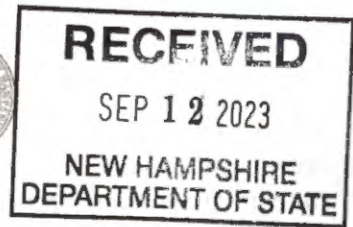


**STATE OF NEW HAMPSHIRE**

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



Type or Print all Information Clearly:

Name: Judy F Aron Work Phone #: 603-843-5908  
First Middle Last

Work Address: \_\_\_\_\_

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: YOUNG AMERICANS FOR LIBERTY

Name of Person Representing the Corporation/Entity: MATTHEW SOSS

Work Address of Person Representing the Corporation/Entity: 3267 BEE CAVES RD Suite 1076  
AUSTIN, TX 78746

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.) PAID BY YAL (AIRFARE \$492.80 HOTEL \$650 MEALS \$250)

**TOTAL** Value of Expense Reimbursement: \$1392.80 ↑ Date Received: 8-13-23 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

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.)

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 PROVIDED TO SOS OFFICE

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.

EDUCATION SEMINARS ON LEGISLATIVE ISSUES, RUNNING FOR OFFICE, FUNDRAISING, NETWORKING WITH LEGISLATORS FROM OTHER STATES

**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

(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."

Judy F. Ann

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: \_\_\_\_\_

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