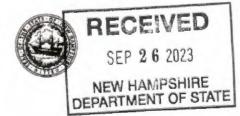
STATE OF NEW HAMPSHIRE

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



| Type or Print all Information Clear | ly: | DETAIL |
|---|--|--|
| Name: Debra | Childs | Work Phone #: 1003-271-3661 |
| | Middle Last | |
| Work Address: 107 N. Main | St. Concord, NH 03303 | b |
| Office/Appointment/Employment held | : Deputy Chief of Stat | ff- House of Representatives |
| Source of Expense Reimbursemen | at, Honorarium, Ticket or Free | Admission, or Meals and/or Beverages |
| reportable expense reimbursement, | honorarium, ticket or free adm sumed at a meeting or event, | place of business, if any, of the source of any hission to a political, charitable, or ceremonial the purpose of which is to discuss official |
| If the source is an Individual: | | |
| Name of Source: | | |
| Post Office Address: | Middle | Last |
| Occupation: | | |
| Principal Place of Business: | | |
| | State Legislative Lead | ers Foundation LIS-President |
| Work Address of Person Representing | g the Corporation/Entity: PO Bo | ix 153 Marstons Mills, MA 02648 |
| • | party (other than the General 1995) Date Received | |
| article or other document, service as activities related to legislative matte | s a consultant or advisor, or particulars, pursuant to RSA 14-C:2, V.) | rd parties for an appearance, speech, written cipation in a discussion group or similar |
| Value of Honorarium: | Date Received: | If exact value is unknown, provide an |
| estimate of the value of the gift or honora | trium and identify the value as an esti | mate. Exact Estimate |
| A ticket or free admission to RSA 14-C:4, I.) | a political, charitable, or ceremon | nial event with value over \$50.00. (Pursuant to |
| Meals and/or beverages consult value over \$50.00. (Pursuant to RS. | | pose of which is to discuss official business with |

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. National Speakers conference hosted by Utah Speaker Brad Wilson: SLLF | | | | | | | | | | |
|---|---------------------|---|--|--|--|--------------------------|-----------------------|-------------------------|----------------------|---|
| | | | | | | (Agenda attach | (a) | | | |
| | | | | | | ticket or free admission | n to a political, cha | ritable, or celebratory | event, or meals or b | Reimbursement, Honorarium, beverages. UT on Sept. 6-9+2023 |
| Saurea of a Donation | to a State on Natio | and Lagislative Asso | | | | | | | | |
| Source of a Donation | | | | | | | | | | |
| on behalf of a state or | | | other entities from w | hom you received a donation | | | | | | |
| | Post Office Address | Value of Donation | Date Received | Name of Legislative Association | | | | | | |
| | | | Date research | water of Degiotative 1 to sociation | | | | | | |
| | | | | | | | | | | |
| | (A | Attach Additional Sheets i | f Necessary) | | | | | | | |
| "I have read RSA 14- best of my knowledge | C and hereby swea | ar or affirm that the | foregoing information | n is true and complete to the | | | | | | |
| 1 2 1 | 2 | | 912 | 1103 | | | | | | |
| SIGNATURE OF FILE | | | 1100 | DATE FILED | | | | | | |
| | | | | | | | | | | |
| RSA 14-C:7 Penalty knowingly files a false the person filing this re | report shall be gu | o knowingly fails to uilty of a misdemeand | comply with the por.Please provide the | provisions of this chapter or following information about | | | | | | |
| This information will | | lic: | | | | | | | | |
| Home Phone | | | | | | | | | | |
| | | | | | | | | | | |
| | 50100 | | | | | | | | | |
| | | | | | | | | | | |

Room 204, Concord, NH 03301



Home Agenda Presenters Program Attractions Post Registration ✓

Log Out



31st Annual

Hosted by Speaker Brad Wilson

September 6-9, 2023

Salt Lake City, Utah

Congratulations, you are now registered!

You will receive an email with your registration details.

Your Confirmation Number is: GYNQ22XRM23

Add to Calendar

Registration Summary

Review your registration information below and print a copy for your records.

Debra Childs

debra.childs@leg.state.nh.us

Title State

Deputy Chief of Staff NH

Work Phone Best Address 16039232795 45 Ash St

Dover, New Hampshire 03820

USA

Receipt

| Item | Date | Price |
|--|--|----------|
| Admission Item Event Registration | | \$495.00 |
| Sessions | | |
| Reception & Dinner | 9/6/23, 6:30 PM - 9/6/23, 8:30 PM | Free |
| Thursday Breakfast | 9/7/23, 7:00 AM - 9/7/23, 8:45 AM | Free |
| Welcome | 9/7/23, 9:30 AM - 9/7/23, 9:45 AM | Free |
| Artificial Intelligence: The Promise and the Perils | 9/7/23, 9:45 AM - 9/7/23, 11:00 AM | Free |
| Utah's Jazzed up Tech Sector | 9/7/23, 11:15 AM - 9/7/23, 12:15 PM | Free |
| Lunch | 9/7/23, 12:15 PM - 9/7/23, 1:30 PM | Free |
| Pink Distribution | 9/7/23, 1:30 PM - 9/7/23, 2:30 PM | Free |
| Utah Olympic Park Mountain Activities & Dinner | 9/7/23, 3:15 PM - 9/7/23, 9:00 PM | Free |
| Friday Breakfast | 9/8/23, 7:00 AM - 9/8/23, 9:00 AM | Free |
| All other participants | 9/8/23, 9:00 AM - 9/8/23, 11:30 AM | Free |
| Chiefs of Staff Session | 9/8/23, 9:30 AM - 9/8/23, 11:30 AM | Free |

Lunch, Tour of Utah State 9/8/23, 12:00 PM - Capitol & Tabernacle 9/8/23, 4:00 PM Organ Demonstration

9/8/23, 4:00 PM - 9/8/23,

6:00 PM

Reception & Dinner 9/8/23, 6:30 PM - 9/8/23,

1 - 9/8/23, Free

8:30 PM

Saturday Breakfast 9/9/23, 7:00 AM - 9/9/23,

Free

Free

Free

9:00 AM

Hotel Request

Time on your own

Item Date

The Grand America Hotel

Premier

1 room Sep 6, 2023 - Sep 9, 2023

Modify Registration

Cancel Pegistration



www.sllf.org

Contact Us

Event Privacy Policy