

STATE OF NEW HAMPSHIRE

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



RECEIVED
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NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: Karen Ann Reid Work Phone # (203) 414-3803
Home First Middle Last

Work Address: 433 East Deering Road Deering

Office/Appointment/Employment held: State Representative District 07 Deering/Francestown

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: Lianessa Martinez founder and President of WPLN Network
First Middle Last

Post Office Address: Women's public leadership.net

Occupation: policy expert and political strategist

Principal Place of Business: Alexandria Virginia

If the source is a Corporation or other Entity:

Name of Corporation or Entity: Women's Public Leadership Network

Name of Person Representing the Corporation/Entity:

Work Address of Person Representing the Corporation/Entity:

I am reporting:

[X] 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.)

Value of Expense Reimbursement: \$2,050 Date Received: 9/24 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [X] 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.

I no longer have the agenda however it was a three day conference of women in leadership roles discussing the unique situations that arise as women in leadership roles

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 was invited to attend a Woman in Public Leadership Convention in Denver Colorado at the end of 6/20-26/22 June 2024. It was a 3 day event arrived Friday and left Sunday.

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

N/A

(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.”

Rep. Karen Reid
SIGNATURE OF FILER

11.18.2024
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: *(203) 414-3803*

Home Address: *433 East Deering Rd Deering NH* *03244*
STREET TOWN/CITY ZIP

Mailing Address if different: _____

E-mail Address: *Rotts7@SBCglobal.net*

Return to: Secretary of State’s Office, State House Room 204, Concord, NH 03301