#### STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Michael Ste	ohen Garrity	Work Phone No.	(603) 271-1219
Office/Appointment/Employment	Employment held: Director of Communications - Legislative Affairs  to effice address, occupation, and principal place of business, if any, of the source of any reportable honorarium tent. When the source is a corporation or other entity, the name and work address of the person representing the making the honorarium or expense reimbursement must be provided in addition to the name of the corporation arm or Expense Reimbursement:    First		
or expense reimbursement. When the			
Source of Honorarium or Expens	e Reimbursement:		
Name of source:	N. III		Y
Post Office Address:			
Occupation:			
Principal Place of Business:	intment/Employment held: Director of Communications & Vegislative Affairs  ame, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium mbursement. When the source is a corporation or other entity, the name and work address of the person representing the entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation of the name of the corporation provided in addition to the name of the corporation provided in addition to the name of the corporation of the name of the corp		
If source is a Corporation or othe	r Entity:		
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Name of Corporation or Entity:	Kult of Law Def	enst fund	
Name of Corporate/Entity Represe	orporation or other Entity:  Orporation or Entity: Rule of Law Defense Fund  Orporate/Entity Representative: David Johnson & Lee Russell  ess of Representative: 1747 Pennsylvania Ave. NW, Suite 800, Washington, D.C.		
Work Address of Representative:	1747 Pennsylv	ania Ave. NW,	Suite 800, Washington, D.C
Value of Honorarium: Da he gift or honorarium and identify to	ment held: Director of Communications & Vegislative Affairs  didress, occupation, and principal place of business, if any, of the source of any reportable honorarium on the source is a corporation or other entity, the name and work address of the person representing the the honorarium or expense reimbursement must be provided in addition to the name of the corporation  **Expense Reimbursement:*  First Middle Last  **Prother Entity:*  The Rule of Law Defense Fund  **Expensentative: David Johnson & Lee Russell  tive: ITHT Pennsylvania Are. NW, Suite 800, Washington, D.C.  Date Received: Hip 23 If exact value is unknown, provide an estimate of the value of niff the value as an estimate. Exact Estimate **Estimate **Estim		
Value of Expense Reimbursement: # be attached to this filing. Exact	Estimate V	23 A copy of the agena	la or an equivalent document must
Briefly describe the service or event the	nis Honorarium or Expense Rein	with Concord, NH 03301  for of Communications: Legislative Affairs  rincipal place of business, if any, of the source of any reportable honorarium ion or other entity, the name and work address of the person representing the e reimbursement must be provided in addition to the name of the corporation  Whiddle Last  Middle Last  Middle Last  Last  Middle Last  Middle Last  Last  Middle Last  Last  Middle Last  All Nashington, D.C.  Last  Last	
Republican Attorn	aployment held: Director of Communications & Legislature Affairs  Tice address, occupation, and principal place of business, if any, of the source of any reportable honorarium. When the source is a corporation or other entity, the name and work address of the person representing the aking the honorarium or expense reimbursement must be provided in addition to the name of the corporation or Expense Reimbursement:  First Middle Last  First Middle Last  Entity: Rule of Law Defease Fund  Ity Representative: David Johnson & Lee Russell  sentative: 1747 Pennsylvania Are. NW, Suite 800, Washington, D.C.  Date Received: 41223 If exact value is unknown, provide an estimate of the value of didentify the value as an estimate. Exact Estimate Exact Estimate Exact Estimate Exact Estimate Final National Meeting  to er event this Honorarium or Expense Reimbursement relates to:  Atbraces General Association, Fall National Meeting  the hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge		
Thave read RSA 15-B and hereby swand belief."  Signature of Filer	`	,	1
organic of Filer	0	Date F	iled

RSA 15-B:9 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.

Return to: Secretary of State's Office, 107 North Main Street, State House Room 204, Concord, NH 03301

DEC 2 9 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE



# **RAGA Fall National Meeting**

The Phoenician | Scottsdale, Arizona | November 10-12, 2023

### Friday, November 10

3:30 PM - 5:30 PM

5:30 PM - 7:00 PM

7:00 PM - 9:00 PM

AG Business Meeting & Issue Briefing

Welcome Reception

**ERC Dinner** 

## Saturday, November 11

7:30 AM - 9:00 AM

9:00 AM - 10:00 AM

10:00 AM - 12:00 PM

12:00 PM - 1:00 PM

12:30pm

5:30 PM - 8:30 PM

**Issue Briefings** 

Breakfast

**General Session** 

Lunch

Golf

**Dine Around Dinners** 

### Sunday, November 12

7:30 AM - 9:00 AM

9:00 AM - 10:00 AM

10:00 AM - 12:00 PM

12:00 PM - 1:00 PM

1:00 PM

5:00 PM - 8:00 PM

**Issue Briefings** 

Breakfast

**General Session** 

Lunch

Golf

**Closing Reception**