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AUG - 1 2017

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

NEW HAMPSHIRE DEPARTMENT OF STATE



Type or Print all Information Clearly:

Name: Elizabeth Comstock Edwards Work Phone No. 603-703-6926

Work Address:

Office/Appointment/Employment held: State Representative, Hillsborough District 11

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement.

Source of Honorarium or Expense Reimbursement:

Name of source:

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: Centre for Effective Altruism

Name of Corporate/Entity Representative: Amy Labenz

Work Address of Representative: 2030 Addison St, Room 650, Berkeley, CA, 94704

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: \$384.00 Date Received: 2 June 2017 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Value of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must be attached to this filing.

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Effective Altruism Global Boston

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Elizabeth Edwards Signature of Filer

31 July 2017 Date Filed

9/07

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, State House Room 204, Concord, NH 03301