***STATE OF NEW HAMPSHIRE***

Honorarium or Expense Reimbursement Report (RSA 15-B)

**Type or Print all Information Clearly:**

Name: Edward Phillip Moran (First / Middle / Last) Work Phone No. 271-3187

Work Address: Legislative Office Bldg. & State House

Office/Appointment/Employment held: Representative, NH House

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. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

***Source of Honorarium or Expense Reimbursement:***

Name of source: _____ (First / Middle / Last)

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

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***If source is a Corporation or other Entity:***

Name of Corporation or Entity: Keystone Center (facilitator)

Name of Corporate/Entity Representative: Mr. Hughes phone 303-468-8861

Work Address of Representative: 1600 Broadway #1920, Denver, Co. 80202

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

Value of Honorarium: $75 Date Received: 15 June ***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

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

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: Participation in daylong seminar on vaccination policy using meningococcal vaccine as example. (by Natl. Center for Disease Control)

"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."

Edward P. Moran Jr. — Signature of Filer

14 July 2011 — 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