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JUN 14 2012

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 Collins Work Phone No. 603-271-8181

Work Address: 129 Pleasant Street, Thayer Bldg, Concord, NH 03301
Office/Appointment/Employment held: Adminitrator II, Special Medical Services

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: Maternal Child Health: Public Health Leadership Institute

Post Office Address:

Department of Maternal and Child Health
UNC Gillings School of Global Public Health
421C Rosenau Hall - CB #7445
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7445

Occupation: \_\_\_\_\_

Principal Place of Business:

If source is a Corporation or other Entity:

Name of Corporation or Entity: University of North Carolina at Chapel Hill, Maternal Child Health: Public Health Leadership Institute

Name of Corporate/Entity Representative: Alice Wertheimer, Program Manager

Work Address of Representative:

Department of Maternal and Child Health
UNC Gillings School of Global Public Health
421C Rosenau Hall - CB #7445
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7445

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

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

Value of Expense Reimbursement: \$1,277.00 Date Received: 5/22/12 - 5/25/12 A copy of the agenda or an equivalent document must be attached to this filing. Exact X Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to: I was accepted into a year long fellowship program through UNC Chapel Hill sponsored by the same federal agency that funds my program. A 4 day meeting was held in North Carolina as the culmination of the fellowship activities. The training program covered the costs of airfare (approx. \$400), accomodations (approx \$260/night x 3nights) and some meals ( lunch @\$13 x 3 and dinner @\$29x2)

"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."

Signature of Filer Date Filed

9/07