## STATE OF NEW HAMPSHIRE

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



TURN OVER TO CONTINUE

Type or Print all Information Clearly:  Name: TESE CRITICAL EDWARDS JR Work Phone #: (	033701885	
Work Address: 3 RATHESNAKE HILL ROAD AVBURN	NH0363Z	
Office/Appointment/Employment held: STATE REPRESENTATIVE		
Source of Expense Reimbursement, Honorarium, Ticket or Free Admission, or Meals	s and/or Beverages	
List the full name, post office address, occupation, and principal place of business, if a reportable expense reimbursement, honorarium, ticket or free admission to a political, event, or meals or beverages consumed at a meeting or event, the purpose of whit business, with a value greater than \$50.	charitable, or ceremonial	
Name of Source: AZLATT COALITEN		
Post Office Address: First 500 North CAPITAL OFTEXAS HELDG5 STE 100		
Occupation: EDUCATION CHARITABLE ORGANIZATION  Principal Place of Business: SAME	78746	
If the source is a Corporation or other Entity:	RECEIVED	
Name of Corporation or Entity:		
•	SEP 1 4 2021	
Name of Corporation or Entity:		
Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Work Address of Person Representing the Corporation/Entity:  Jam reporting:  An Expense Reimbursement with value over \$50.00. (For costs that are wa prepaid, or reimbursed by a third party (other than the General Court) for attendar	SEP 1 4 2021  NEW HAMPSHIRE DEPARTMENT OF STATE  ived, forgiven, reduced, ace at a qualified event,	
Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Work Address of Person Representing the Corporation/Entity:  Jam reporting:  An Expense Reimbursement with value over \$50.00. (For costs that are wa prepaid, or reimbursed by a third party (other than the General Court) for attendar	SEP 1 4 2021  NEW HAMPSHIRE DEPARTMENT OF STATE  ived, forgiven, reduced, nee at a qualified event,  If exact value is unknown, Exact	
Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:  Work Address of Person Representing the Corporation/Entity:  I am reporting:  An Expense Reimbursement with value over \$50.00. (For costs that are wa prepaid, or reimbursed by a third party (other than the General Court) for attendar pursuant RSA 14-C:2, III.)  Value of Expense Reimbursement:  Provide an estimate of the value of the gift or honorarium and identify the value as an estimate.  An Honorarium with value over \$50.00. (For payment from third parties for an appear article or other document, service as a consultant or advisor, or participation in a discussion activities related to legislative matters, pursuant to RSA 14-C:2, V.)  Value of Honorarium:  Date Received:  If exact v.	SEP 1 4 2021  NEW HAMPSHIRE DEPARTMENT OF STATE  ived, forgiven, reduced, nce at a qualified event,  If exact value is unknown, Exact	
Name of Corporation or Entity:  Name of Person Representing the Corporation/Entity:    Law   Daughter	SEP 1 4 2021  NEW HAMPSHIRE DEPARTMENT OF STATE  ived, forgiven, reduced, nee at a qualified event,  If exact value is unknown, Exact	

agenda or an equivalent document which add	resement or Honorarium, you are required to attach a copy of the resses the subjects addressed and the time schedule of all activities appropriate sponsors of activities in cases where they are not indicated on the
Apend	ON FILE W/505
Provide a brief description of the service or	event that gave rise to this Expense Reimbursement, Honorarium
	ole, or celebratory event, or meals or beverages.
MATIONAL CONFERENCE	TO EXCHANGE /NFORMATION
Source of a Donation to a State or National	Legislative Association Event
Provide an itemized report of all individuals, on behalf of a state or national legislative ass	corporations, or other entities from whom you received a donation ociation event.
Full Name of Donator Post Office Address	Value of Donation Date Received Name of Legislative Association
CI=WE	
_ 3010FM14_ = ,	
(Attack	n Additional Sheets if Necessary)
"I have read RSA 14-C and hereby swear or	r affirm that the foregoing information is true and complete to the
best of my knowledge and belief.	
_///_///	145er 2021
SIGNATURE OF EMER	DATE FILED
	03301

(8/19)