

**STATE OF NEW HAMPSHIRE**  
Honorarium or Expense Reimbursement Report  
Executive Branch – RSA 15-B



Type or Print all Information Clearly:

Name: Elizabeth Camstock Edwards Work Phone No. 603-703-6926  
First Middle Last

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. 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

**RECEIVED**

Post Office Address: \_\_\_\_\_ **SEP 29 2017**

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

**NEW HAMPSHIRE  
DEPARTMENT OF STATE**

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

Value of Honorarium: 1671.74 Date Received: 11 Aug 2017 *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:

Effective Altruism Global San Francisco (air fare, hotel, ticket)

"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]  
Signature of Filer

29 Sept 2017  
Date Filed

**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