

STATE OF NEW HAMPSHIRE 2024 Statement of Income and

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) APR 2 2 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jeanne H	errick and	Erica Bo	dwell	
II. Name of lobbyist's partnership, fir	n or corporatio	n, if any:		
HealthTrust Inc.	_	•		
(Name of partnership, fire	n or corporation)			
25 Triangle Park	Drive Con	cord	NH	03301
Business Address: (Street)	(Town/C	City)	(State)	(Zip Code)
, 603-230-3315	′)		_{e-mail} , legal@hea	lthtrustnh.org
(Telephone)	` /	(Fax)		
III. This statement covers: (Choose on	e – file separate	reports for ea	ch client, OR you may :	file a separate report fo
reportable expense transactions which	are not attribu	table to any or	e client).	
All reportable transactions occurring	in the months n	rior to the renor	ting data calative to the f	nllowing alient
	m are monais p	riot to me tebut	ime date lengtive to the I	onowing cheffi.
HealthTrust Inc.	· ·			
(Full Name of Clie	nt as it appears or	the Lobbyist Re	gistration Form)	
All reportable transactions by the lobb	ovist (including	the lobbvist's fa	mily), or the lobbying fi	rm listed below which a
unrelated to any particular client.	, (
IV. Date of Report April 24, 202 Reports cover: activity from date of registre		activi	July 31, 2024 by from 4/1/24 to 6/30/24	
October 30, 202			nuary 29, 2025	
activity from 7/1/24 to 9			rom 10/1/24 to 12/31/24	
V. There have been no fees received If this box is checked, complete just this f State House, Room 204, Concord, NH 03	orm and submit			
VI. Check if additional reports are atta	iched:			
If you have received fees or made ex		must file Adde	ndum A- Fees and Expe	mses
If you have paid an honorarium or re Expense Reimbursement	imbursed expen	ses, you must fi	le Addendum B– Repor	t of Honorariums or
If you, your firm, or your family has	made political c	ontributions, yo	u must file Addendum	C– Political Contributio
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledg	C and RSA 664	and hereby swe		egoing information is tr
(Signature of lobbyist)		_	April 18, 2024	<u></u>
			(Date)	
Jeanne Herrick				-
(Print Name of lobbyist)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Erica Bodwell
Name of Lobbying partnership, firm, or corporation:	HealthTrust Inc.
Name of Client (leave blank if Statement is for the particular client):	•
Date of Report (check one):	and the same of th
April 24, 2024 ☑ July 31, 2024 □ Octob	er 30, 2024
I have read RSA 15, RSA 15-B, RSA 664, the Staten the following Addendums submitted with that Staten submitted):	nent of Income and Expenses described above, and nent (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing informatio complete to the best of my knowledge and belief.	n on the Statement and each Addendum is true and
Tica Bodwell	4-18-2024
(Signature of lobbyist)	(Date)
Erica Bodwell	
(Print Name of lobbyist)	