STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 26 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jeanne Herrick ar	nd Erica Bo	dwell	
II. Name of lobbyist's partnership, firm or corpora	ition, if any:		
HealthTrust Inc.			
(Name of partnership, firm or corporation	n)	_	
25 Triangle Park Dr. Co	oncord	NH	03301
Business Address: (Street) (Tow	n/City)	(State)	(Zip Code)
) 603-230-3315 (Telephone)		e-mail legal@l	nealthtrustnh.org
(Telephone)	(Fax)		· · · · · · · · · · · · · · · · · · ·
III. This statement covers: (Choose one – file separ	ate reports for ea	ch client. OR vou n	nav file a separate re
eportable expense transactions which are not attri			
7.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41	41 4.4	des fallandas allante
All reportable transactions occurring in the months	s prior to the repor	ting date relative to	the following chent:
HealthTrust Inc.			
(Full Name of Client as it appears	s on the Lobbyist Re	gistration Form)	
All reportable transactions by the lobbyist (including	ng the lohhvist's f	amily) or the lobbying	ng firm listed below w
inrelated to any particular client.	ing the loody ist a re	ming), or the loodyn	ig inm instea below w
IV. Date of Report April 26, 2023 Reports cover: activity from date of registration to 3/31 October 25, 2023 activity from 7/1/23 to 9/30/23 V. There have been no fees received and no report this box is checked, complete just this form and substitute House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you lift you have paid an honorarium or reimbursed expenses Reimbursement If you, your firm, or your family has made political	Ja activity f portable transac mit it to the Secrete rou must file Adde penses, you must fi	ary of State's Office, ndum A– Fees and I ile Addendum B– R	the last report. 107 North Main Stree Expenses eport of Honorariums
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 6 and complete to the best of my knowledge and belief.	564 and hereby sw	ear or affirm that the	e foregoing informatio
(Signature of lobbyist)		1.23.2024	
(Signature of lobbyist)	-	(D	ate)
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: HealthTrust Inc. HealthTrust Inc.					
particular client):					
Date of Report (check one):					
April 26, 2023 □ July 26, 2023 □ October	er 25, 2023 □ January 31, 2024 ☑				
I have read RSA 15, RSA 15-B, RSA 664, the Statemethe following Addendums submitted with that Statemethe submitted):					
Addendum A(s).					
Addendum B(s).					
Addendum C(s).					
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	n on the Statement and each Addendum is true and				
<u>Crica Bodwell</u> (Signature of lobbyist)	01-23-2024				
(Signature of lobbyist)	(Date)				
Erica Bodwell					
(Print Name of lobbyist)					