STATE OF NEW HAMPSHIRE

2013 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 31 2013

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) TIMOTHY W. FORTIER

II. Name of lobbyist's partnership, firm or corporation, if any:

HEALTH TRUST, INC.
(Name of partnership, firm or corporation)

PO Box 617 25 TRIANGLE PARK DRIVE CONCORD NH 03302-0617
Business Address: (Street) (Town/City) (State) (Zip Code)

603) 226. 2861 ( ) _____ e-mail INFO@HEALTHTRUSTNH.ORG
(Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

HEALTH TRUST, INC.
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2013 ☐ July 31, 2013 ☐
Reports cover: *activity from date of registration to 3/31/13* *activity from 4/1/13 to 6/30/13*
October 30, 2013 ☒ January 29, 2014 ☐
activity from 7/1/13 to 9/30/13 *activity from 10/1/13 to 12/31/13*

V. There have been no fees received and no reportable transactions made since the last report. ☒
If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or Expense Reimbursement

☐ If you, your firm, or your family has made political contributions, you must file **Addendum C**– Political Contributions

Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Timothy W. Fortier 10.31.13
(Signature of lobbyist) (Date)

TIMOTHY W. FORTIER
(Print Name of lobbyist)