

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Erica Bodwell			DEPARTMENT OF
II. Name of lobbyist's partnership, firm or corpo	oration, if any:		
HealthTrust, Inc.			
(Name of partnership, firm or corpora	ation)		
25 Triangle Park Drive C	Concord	NH	03301
Business Address: (Street) (T	own/City)	(State)	(Zip Code)
603-230-3332		e-mail ebodwe	ll@healthtrustnh.org
(Telephone)	(Fax)	- d	
III. This statement covers: (Choose one – file sep reportable expense transactions which are not at	parate reports for ttributable to any	each client, OR you i one client).	may file a separate report
All reportable transactions occurring in the mon	ths prior to the rep	orting date relative to	the following client:
HealthTrust, Inc.			
(Full Name of Client as it appe	ears on the Lobbyist I	tegistration Form)	· · · · · · · · · · · · · · · · · · ·
<u>OR</u>			
All reportable transactions by the lobbyist (include unrelated to any particular client.	ding the lobbyist's	family), or the lobbying	ng firm listed below which a
IV. Date of Report April 30, 2025 April 30, 2025 Coctober 29, 2025		July 30, 2025 ty from 4/1/25 to 6/30/2 January 28, 2026] 25]
activity from 7/1/25 to 9/30/25		from 10/1/25 to 12/31/	25
V. There have been no fees received and no if this box is checked, complete just this form and su State House, Room 204, Concord, NH 03301.			
/I. Check if additional reports are attached:			
If you have received fees or made expenditures,			
If you have paid an honorarium or reimbursed e Expense Reimbursement	expenses, you must	file Addendum B- R	Report of Honorariums or
If you, your firm, or your family has made polit	tical contributions,	you must file Adden o	lum C- Political Contribution
	E .		÷
Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete to the best of my knowledge and belie		wear or affirm that the	e foregoing information is tr
Since Colwell		4/30/2025	
Signature of lobbyist)	-		rate)
Erica Bodwell		(5	,
(Print Name of lobbyist)	-		

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Erica Bodwell	
II. Name of lobbyist's partnership, firm or corporation, if any:	
HealthTrust, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	_{b) \$} 1815
c) Total of all fees received to date (Add lines a and b)	c) \$ _1815
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1815
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1815
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	_{f) \$} 1815
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
6	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
mice Colwell	4/30/2025
(Signature of lobbyist)	(Date)
Erica Bodwell	
(Print Name of lobbyist)	