

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 1 8 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. N	Name of Lobbyist(s) Stefani Rear	don		
	Name of lobbyist's partnership, firm or oint32Health	corporation, if any:		
	(Name of partnership, firm or o	corporation)		
1	Wellness Way	Canton	MA	02021
Bus	siness Address: (Street)	(Town/City)	(State)	(Zip Code)
ť	781-612-4745)	_{e-mail} _stefani.	reardon@p
`	(Telephone)	(Fax)		
	. This statement covers: (Choose one – fi oortable expense transactions which are	not attributable to any	one client).	
•	All reportable transactions occurring in th	e months prior to the re	porting date relative to the	following client:
Н	arvard Pilgrim Health Care	•		
	•	it appears on the Lobbyist	Registration Form)	
OI V	$\underline{\mathbf{R}}$ All reportable transactions by the lobbyist related to any particular client.	(including the lobbyist	s family), or the lobbying	firm listed below which are
Rep	Date of Report April 24, 2024 orts cover: activity from date of registration October 30, 2024 activity from 7/1/24 to 9/30/2 There have been no fees received an	24 activi	July 31, 2024	e last report.
	his box is checked, complete just this form te House, Room 204, Concord, NH 03301.	and submit it to the Sec	retary of State's Office, 10	7 North Main Street,
_	. Check if additional reports are attached			
	If you have received fees or made expend			
Ex	∐If you have paid an honorarium or reimbu pense Reimbursement	irsea expenses, you mu	st tile Addendum B– Kepe	ort of Honorariums or
	If you, your firm, or your family has mad	e political contributions	s, you must file Addendun	a C-Political Contributions
I h	orn Statement/Affirmation by Lobbyist ave read RSA 15, RSA 15-B, RSA 14-C ar I complete to the best of my knowledge an		swear or affirm that the fo	regoing information is true
			July 16, 2024	
(S	tthan leanton		(Date)
	tefani Reardon		,2410	,
	rint 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) Stefani Reardon	
II. Name of lobbyist's partnership, firm or corporation, if any: Point32Health	
(Name of partnership, firm or corporation) III. Name of Client Harvard Pilgrim Health Care	Date July 16, 2024
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 groreduced by any expenses:	relations, or public relations services ans fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 10,000 b) \$ 10,000
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)	ear)
c) Total of all fees received to date (Add lines a and b)	_{c) §} 20,000
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 in 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 less being lobbied, purchase of a ceremonial object given to a person being lobbie (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. e aggregate total of all expenses paid apenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a fer 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) \$
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	d) \$		
(Add lines a, b and c)		-	
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) S		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this repo	rting	
Paid to:	Amount:		
	s		
_	·s		
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	S		
	s	;	
	S	; ;	
		<u>-</u>	
		:	
Sworn Statement/Affirmation by Lobbyist		- -	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing inforr	nation	
L P	July 16, 2024		
(Signature of lobbyist)	(Date)		
Stefani Reardon			
(Print Name of lobbyist)			