

## STATE OF NEW HAMPSHIRE

JUL 3 1 2024 NEW HAMPSHIRE DEPARTMENT OF STATE

**RECEIVED** 

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

PLEASE PRINT

II Name of labbuist's neutropolis Gum as severentian if ann		
II. Name of lobbyist's partnership, firm or corporation, if any:		
HealthTrust Inc.		
(Name of partnership, firm or corporation)	<u> </u>	
25 Triangle Park Dr Concord	NH	03301
Business Address: (Street) (Town/City)	` (State)	(Zip Code)
( ) 603-230-3315	e-mail Jherrick@h	ealthtrustnh.org
(Telephone) (Fax)		<del></del>
III. This statement covers: (Choose one – file separate reports for	each client, OR you may	file a separate repor
reportable expense transactions which are not attributable to any		
All reportable transactions occurring in the months prior to the rep	arting data relative to the	following aligns:
	orning date relative to the	ionowing chem.
HealthTrust Inc.		
(Full Name of Client as it appears on the Lobbyist 1	Registration Form)	
All reportable transactions by the lobbyist (including the lobbyist's	family), or the lobbying	firm listed below which
unrelated to any particular client.	· ····································	
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration to 3/31/24	July 31, 2024 <b>\[  \]</b> ivity from 4/1/24 to 6/30/24	
,	January 29, 2025	
	from 10/1/24 to 12/31/24	
V. There have been no fees received and no reportable trans If this box is checked, complete just this form and submit it to the Secr 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 Add	dendum A- Fees and Exp	penses
If you have paid an honorarium or reimbursed expenses, you mus	t file Addendum B- Repe	ort of Honorariums or
Expense Reimbursement  If you, your firm, or your family has made political contributions,		
		· C Dolitical Contails

## 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.

(Print Name of lobbyist)

Name of Lobbying pa	rtnership, firm, or corp	oration: HealthTrust In-	<u>C.</u>	
Name of Client (leave	blank if Statement is f	for the partnership, firm, o	r corporation and not rela	ated to
any				
particular client):			··-	
 Date of Report (check	k one):	-		- <del>-</del>
April 24, 2024 □	July 31, 2024 ☑	October 30, 2024 🛚	January 29, 2025 □	
		the Statement of Income a nat Statement (insert the r		
the following Addend submitted):  Addendum Addendum Bo				
the following Addend submitted):  Addendum Addendum Bo Addendum Co Addendum Co I hereby swear or afficomplete to the best of	fums submitted with the (s)(s)(s)  rm that the foregoing in f my knowledge and be	nat Statement (insert the re- nformation on the Stateme	number of Addendum for ent and each Addendum	orms being
the following Addends submitted):  Addendum Addendum Bo Addendum Co Addendum Co hereby swear or afficomplete to the best of	tums submitted with the submitte	nat Statement (insert the re- nformation on the Stateme	number of Addendum fo	orms being