



STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Cathryn R. Stratton

II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Medical Society

57 N. Main St., #401 Concord NH 03301

603 224-1909 ext 2 (Telephone), (Fax) e-mail cathy.stratton@nhms.org

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).

[X] All reportable transactions occurring in the months prior to the reporting date relative to the following client: New Hampshire Medical Society

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, 2024 [ ] July 31, 2024 [ ] October 30, 2024 [X] January 29, 2025 [ ]

V. There have been no fees received and no reportable transactions made since the last report. [ ]

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, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Cathryn Stratton (Signature of lobbyist)

10/30/2024 (Date)

Cathryn Stratton (Print Name) of lobbyist

