

STATE OF NEW PLAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS

(R55 (Lipta: 15)

RECEIVED APR 25 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stefani Real	rdon	and the second s			
H. Name of lobbyist's partnership, firm or corporation, if as y: Point32Health					
(Name of partnership, firm or		N A A	02024		
1 Wellness Way	Cantor	MA	02021		
Susiness Address: (Street)	(Town/City)	(State)	(Zip Code)		
781-612-4745)(Fex.	e-mail stefani.	reardon@p		
(Telephone)	(Paxis				
II. This statement covers: (Choose one – f			file a separate report f		
eportable expense transactions which are	not attributable to ac-	es ne cite at).			
All reportable transactions occurring in the	ne months prior to the r	n i ≥ date relative to the	following client:		
Harvard Pilgrim Health Car			J		
-	s it appears on the Groye				
OR	s it appears on rice to eye	TO THE REPORT OF THE			
All reportable transactions by the lobbyist	(including the looky ist	s and (a), or the lobbying f	irm listed below which a		
unrelated to any particular client.					
V. Date of Report April 30, 2025 Reports cover: activity from date of registration October 29, 2025 activity from 7/1/25 to 9/30 V. There have been no fees received arf this box is checked, complete just this form	nd no reportable fra				
state House, Room 204, Concord, NH 03301		че каз ту мие з О унсе, 10	vorm mum sireet,		
VI. Check if additional reports are attache	ed:				
If you have received fees or made expen		Jan cam A- Fees and Exp	penses		
If you have paid an honorarium or reimb					
Expense Reimbursement If you, your firm, or your family has made	da notitioal contribution	enet file Addendur	n C., Political Contribution		
	de pontical centration of	· C anjecting Addengan	n C=1 omicai comitoan		
Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge ar	and RSA 664 and hereby	Arc. Or affirm that the fo	oregoing information is tr		
		April 22, 2025			
Signature of lobbyist)		(Date			
Stefani Reardon					
(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

RECEIVED

APR 25 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

	* å.			+ *
I. Name of Lobbyist(s)	Stefani F	Reardon		14
II. Name of lobbyist's	partnership,	firm or corporation.	if any:	
Point32Health				
(Name of	f partnership, firm	or corporation)		
III. Name of Client Ha	arvard Pil	grim Health Ca	re	Date April 22, 2025
	2 1 1 - 2	Section 1	Se Succession	
				,
IV. Fees Received	C 11 C			
				re related, directly or indirect ons, or public relations service
				e amount reported shall not
reduced by any expenses:		ion, and related regar w	ork. The gross le	e amount reported shan not
J				11 000
a) Total of all fees receiv	ed in this repo	rting period	a) \$	11,000
b) Total of all fees recei				\$
(This should equal th	e total of all p	rior monthly reports for the	nis calendar year)	•
c) Total of all fees recei	wad ta data			
(Add lines a and b			c) q	11,000
(1 Idd Inies a and b	,		· · · · · · · · · · · · · · · · · · ·	
d) Indicate the amount of	of any such fee	s that are due, but have no	ot in the	
yet been paid			d)	\$
		B		:
	,			
V. Expenses:				
				l expenses made from lobby
				and if expenditures are made e filed for the lobbyist(s)/fir
				egate total of all expenses pa
				es; (b) the aggregate total of
individual expenses whe	re the expendi	ture was of \$25.00 or les	s (for example: me	als purchased during a busine
				n \$10 that is given to the pers
				a value of \$25.00 or less); a
				period of greater than \$25.00
				greater than \$25, purchase on \$25, but not greater than \$
restaurant expenses for a	a legislative re	eception). Expenses for	honorariums, expe	nse reimbursement, or politi
contributions will be repo	orted on separa	te addendums and should	not be reported on	Addendum A.
•			-	•
		1.	• •	
> m + 1 + +	6 M		r.	
a) Total aggregate expensupport staff, and office expenses				
support start, and office t	whenses, relate	a uncerty of mulicetry to	1000) mg. [a) 1	· <u></u>
b) Total aggregate of exp	enditures duri	ng this reporting period.	not reported	
in a), of \$25 or less.			b) \$	S
	· + .			
-) Total of all itemsical a	rmanditiinaa	nautadilm datail in waatiam	7.71 "-> 0	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, order to this reporting period (This should be the amount on line f of adde when A for last month's report)	e) S
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditure to subsection \$25 made from period, including by whom paid or to whom there d.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobby st	
I have read RSA 15, RSA 15-B and RSA 664 in thereby swear or affi is true and complete to the best of my knowledge and relief.	rm that the foregoing information
Strange Pared DA	April 22, 2025
Stype Coude (Signature of lobbyist)	(Date)
Stefani Reardon	
(Print Name of lobby ist)	