STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

. Name of Lobbyist(s) Cathryn Stratto	n			
I. Name of lobbyist's partnership, firm or co	rporation, if any:			
New Hampshire Medical Society		93	20	
(Name of partnership, firm or cor	poration)			
57 N Main St, #401	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
) 603-224-1909, ext 2 ()		e-mail		
(Telephone)	(Fax)			
II. This statement covers: (Choose one – file eportable expense transactions which are no All reportable transactions occurring in the r	t attributable to any	one client).		
New Hampshire Medical Socie			Ū	
(Full Name of Client as it a	<u> </u>	Registration Form)		
<u>OR</u>				
All reportable transactions by the lobbyist (in inrelated to any particular client.	cluding the lobbyist'	s family), or the lobbying fi	rm listed below which a	
inferated to any particular cheft.	10			
V. Date of Report April 24, 2024 Reports cover: activity from date of registration to October 30, 2024 activity from 7/1/24 to 9/30/24		July 31, 2024	.u	
V. There have been no fees received and a finis box is checked, complete just this form an Giate House, Room 204, Concord, NH 03301.				
/I. Check if additional reports are attached:				
If you have received fees or made expenditu	res, you must file Ad	dendum A- Fees and Expe	enses	
If you have paid an honorarium or reimburs	ed expenses, you mus	st file Addendum B – Repo	rt of Honorariums or	
Expense Reimbursement	- (''1' '	61- A 44 A	C. Baltitaal Carrillada	
If you, your firm, or your family has made p	olitical contributions	, you must me Addendum	C- Political Contribution	
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and I and complete to the best of my knowledge and b		swear or affirm that the for	egoing information is tru	
nd complete to the cost of my knowledge and b	citot.	1-22-2025		
Signature of lobbyist)	_	(Date)		
Cathryn Stratton		(Date)		
Print Name of lobbyist)			RECEIVED	

JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE