

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 23 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

(Name of partnership, firm or corporation)			
1 Wellness Way	Canton	MA	02021
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
781-612-4745)	e-mail stefani.reardon	@point32health.org
(Telephone)	(Fax)		
III. This statement covers: (Choose one -			file a separate report f
reportable expense transactions which are	e not attributable to an	y one client).	
All reportable transactions occurring in t	he months prior to the re	eporting date relative to the	following client:
Harvard Pilgrim Health Car			
	s it appears on the Lobbyis	t Registration Form)	
<u>OR</u>			
All reportable transactions by the lobbyist	(including the lobbyist	's family), or the lobbying fi	irm listed below which a
unrelated to any particular client.			
IV. Date of Report April 30, 2025		July 30, 2025	
Reports cover: activity from date of registration	to 3/31/25 ac.	tivity from 4/1/25 to 6/30/25	
October 29, 2025		January 28, 2026	
activity from 7/1/25 to 9/30		ity from 10/1/25 to 12/31/25	
V. There have been no fees received a	nd no reportable tra	neactions made since the	last report
If this box is checked, complete just this form			
State House, Room 204, Concord, NH 0330			
VI. Check if additional reports are attach	ed:		
If you have received fees or made expen		ddendum A- Fees and Exp	enses
If you have paid an honorarium or reimb			
Expense Reimbursement			
If you, your firm, or your family has ma	de political contribution	s, you must file Addendum	C- Political Contributi
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C a		swear or affirm that the for	regaing information is to
and complete to the best of my knowledge at		swear of armin that the for	regoing information is the
		October 10, 20	025
Stipani Readox (Signature of lobbyist)		(Date)	
Stefani Reardon		(Date)	
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Stefani Reardon	8 6 99 99 <u>3</u>
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 October 10, 2025
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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 6,500
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 y	a) \$ 6,500 b) \$ 19,125 rear)
c) Total of all fees received to date (Add lines a and b)	c) \$ _25,625
 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 refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; (c) an itemized statement of each individual expenditure made during this repany 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 great 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 he aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; and the set of the person of the
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 (Add lines a, b and c)	d) \$
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) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Strain Provider	October 10, 2025
(Signature of lobbyist)	(Date)
Stefani Reardon	
(Print Name of lobbyist)	