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Contact Information

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Reported Compensation:

Date	Type	Value	Paid To
May 01, 2020	Fee	\$3,500.00	TRUE NORTH COMMUNICATIONS

Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

Reported Subjects:

Health & Safety, Hospitals, Licenses, Medical

BILL FISCHER via TRUE NORTH COMMUNICATIONS on behalf of AMERICAN MASSAGE THERAPY ASSOCIATION

Reported Bills:

No bills reported.

Reported Public Bodies:

Health, Department of

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Reported Executive Officials:

Director of Department of health

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Governor

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