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## Contact Information

**Name:** NATIONAL MS SOCIETY  
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10017

## Reported Compensation:

Date	Type	Value	Paid To
No Compensation reported.			

## 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:

### Disabilities

JENNIFER MUTHIG on behalf of NATIONAL MS SOCIETY

### Drugs, Health Insurance, Insurance, Mental Health

JENNIFER MUTHIG on behalf of NATIONAL MS SOCIETY

### Health Care Affordability

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

**Health Care Plans/Services,Health Insurance,Insurance,Medical**

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

**Health Care Plans/Services**

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

**Health Insurance**

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

**Prescription drugs**

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

Reported Bills:

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**S0004**

S0004 Promote JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

**S0005**

S0005 Promote JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

Reported Public Bodies:

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**Health and Human Services, Rhode Island Executive Office of**

JENNIFER MUTHIG on behalf of **NATIONAL MS SOCIETY**

Reported Executive Officials:

No executive\_officials reported.