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### Contact Information

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02871

### Reported Compensation

| Date         | Type   | Value    | Paid By                              |
|--------------|--------|----------|--------------------------------------|
| Apr 30, 2026 | Salary | \$500.00 | RHODE ISLAND HEALTH CARE ASSOCIATION |

### Reported Expenditures

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

### Reported Contributions

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

### Reported Anything of Value

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

### Reported Subjects

Medicare

KATHERINE NORMAN on behalf of RHODE ISLAND HEALTH CARE ASSOCIATION

Nurses

KATHERINE NORMAN on behalf of RHODE ISLAND HEALTH CARE ASSOCIATION

Nursing Homes

KATHERINE NORMAN on behalf of RHODE ISLAND HEALTH CARE ASSOCIATION

### **Reported Bills**

No bills reported.

### **Reported Public Bodies**

No public bodies reported.

### **Reported Executive Officials**

No executive officials reported.