

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS
(RSA Chapter 15)

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stua	rt D. Trachy		
II. Name of lobbyist's partne	rship, firm or corporation, if	any:	
(Name of par	tnership, firm or corporation)		
Two Eagle Square, Suite	300Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822	_ (603)	email <u>strachy@aol.com</u>	
(Telephone)	(Fax)	,	
reportable expense transaction	ons which are not attributable	orts for each client, OR you may file a e to any one client). to the reporting date relative to the follow	
NH Association of Marris	age and Family Therapy	rs on the Lobbyist Registration Form)	
<u>OR</u>	s by the lobbyist (including the	lobbyist's family), or the lobbying firm l	isted below which are
Reports cover: activity from a	25, 2018	July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/18	
V. There have been no fees re If this box is checked, complete Concord, NH 03301.	eceived and no reportable tra just this form and submit it to	nsactions made since the last report. the Secretary of State's Office, State Hot	⊠ use, Room 204,
If you have paid an h	fees or made expenditures, you onorarium or reimbursed expen	n must file Addendum A— Fees and Exponses, you must file Addendum B— Reponsers on tributions, you must file Addendum	rt of Honorariums or
the best of my knowledge and	and RSA 664 and hereby swe	ar or affirm that the foregoing information	