

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

(Name of partnership, f	irm or corporation)		
Two Eagle Square, Suite 300	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822(603)		email strachy@aol.com	<u> </u>
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which All reportable transactions occurring	are not attributable	to any one client).	
Enterprise Holdings			
	of Client as it appears	s on the Lobbyist Registration Form	n)
OR All reportable transactions by the lo unrelated to any particular client.	bbyist (including the l	obbyist's family), or the lobbying fi	rm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of reg October 31, 20 activity from 7/1/18	istration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/1	8
V. There have been no fees received an If this box is checked, complete just this f Concord, NH 03301.	d no reportable trans form and submit it to th	sactions made since the last repor he Secretary of State's Office, State	t. 🔀 House, Room 204.
If you have paid an honorarium Expense Reimbursement	de expenditures, you i or reimbursed expens	must file Addendum A- Fees and I ses, you must file Addendum B- R ontributions, you must file Addend	eport of Honorariums or
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B and RSA the best of my knowledge and belief (Signature of lobbyist)		r or affirm that the foregoing inform	1
Stuart D. Trachy	· 		