

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

1. Name of Lobbyist(s) Stuart D. Trachy			
II. Name of lobbyist's partnership	, firm or corporation, if a	nny:	
(Name of partners	nip, firm or corporation)		
Two Eagle Square, Suite 300	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822	503)	email strachy@aol.com	
(603) 520-0822(Telephone)	(Fax)	email strachy@aol.com	
reportable expense transactions w	hich are not attributable	•	
X All reportable transactions occu	irring in the months prior t	o the reporting date relative to the follow	ving chent:
NH Chapter - National Association	iation of Social Work	ters rs on the Lobbyist Registration Form)	
OR		lobbyist's family), or the lobbying firm li	isted below which are
IV. Date of Report April 25, Reports cover: activity from date of October 3 activity from 7/	f registration to 3/31/18 1, 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 received If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to t	nsactions made since the last report. The Secretary of State's Office, State How	⊠ ise, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed expen	must file Addendum A— Fees and Expenses, you must file Addendum B— Report	rt of Honorariums or
the best of my knowledge and belie	RSA 664 and hereby swea	or affirm that the foregoing information of t	1