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DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

PLEASE PRINT

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

II. Name of lobbyist's partnership, firm or corporation, if any:

(Name of partnership, firm or corporation)

III. Name of Client _____ Date April 23, 2012

Political Contributions
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Bragdon (Last Name) Peter (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking state senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

Full name of candidate: D'Allesandro (Last Name) Lou (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking state senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

Full name of candidate: Larsen (Last Name) Sylvia (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking state senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Stuart D. Trachy
(Signature of lobbyist)

April 23, 2012
(Date)

Stuart D. Trachy
(Print Name of lobbyist)

State of New Hampshire
County of Merrimack

Signed and sworn to (or affirmed) before me on _____ by Stuart D. Trachy

_____
(Signature of notarial officer)
My commission expires: _____

seal

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Full name of candidate: Prescott (Last Name) Russell (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking state senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

Full name of candidate: Sanborn (Last Name) Andy (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking state senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

Full name of candidate: _____ (Last Name) _____ (First Name) _____ (Middle Name/Initial)

Amount of contribution $ _____ Office Candidate is Seeking _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate".

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Stuart D. Trachy
(Signature of lobbyist)

April 23, 2012
(Date)

Stuart D. Trachy
(Print Name of lobbyist)

State of New Hampshire
County of Merrimack

Signed and sworn to (or affirmed) before me on _____ by Stuart D. Trachy

_____
(Signature of notarial officer)
My commission expires: _____

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