



STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 21 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

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

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

A III. Name of Client Date April 6, 2016

S 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:

E Full name of candidate: Woodburn Jeff (Last Name) (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".

E Full name of candidate: Morse Chuch (Last Name) (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".

E Full name of candidate: Birdsell Regina (Last Name) (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.)

P R I N T

**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 6, 2016  
(Date)

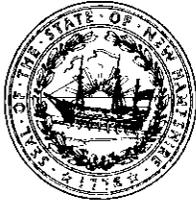
Stuart D. Trachy  
(Print Name of lobbyist)

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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**Political Contributions**  
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T

**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 6, 2016

**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:

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Full name of candidate: Committee to elect House Democrats  
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100 Office Candidate is Seeking State Representative

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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Full name of candidate: Hosmer Andrew  
 (Last Name) (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".

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

Amount of contribution \$ 100 Office Candidate is Seeking State Senate

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Stuart D. Trachy  
(Signature of lobbyist)

April 6, 2016  
(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)

seal

My commission expires: \_\_\_\_\_



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**E** III. Name of Client \_\_\_\_\_ Date April 6, 2016

**A** **Political Contributions**  
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**S**

Full name of candidate: Stiles Nancy  
 (Last Name) (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".

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 6, 2016  
(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

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