

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

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

RECEIVED

JUL 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
(Name of partnersh	nip, firm or corporation)		
Two Eagle Square, Suite 300	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822(Telephone)	(Fax)	email_strachy@aol.co	om
III. This statement covers: (Choos reportable expense transactions w	e one – file separate repor hich are not attributable (to any one client).	
		the reporting date relative to the	Tollowing Cheft.
Coalition of NH Chain Drug S	Stores	s on the Lobbyist Registration Fo	
OR		obbyist's family), or the lobbying	
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 October 31, 2018 activity from 7/1/18 to 9/30/18		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 receive If this box is checked, complete just Concord, NH 03301.	ed and no reportable trans this form and submit it to th	sactions made since the last rep ne Secretary of State's Office, Sta	oort. 🖸 ite House, Room 204.
If you have paid an honors Expense Reimbursement	or made expenditures, you i arium or reimbursed expens	must file Addendum A– Fees an ses, you must file Addendum B–ontributions, you must file Adde	d Expenses Report of Honorariums or ndum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief (Signature of lobbyist)	RSA 664 and hereby swear	r or affirm that the foregoing info	
Stuart D. Trachy (Print Name of lobbyist)			