

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stuart	D. Trachy		
II. Name of lobbyist's partnership	o, firm or corporation, if a	ny:	
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822	email strachy@aol.com		
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions v	hich are not attributable		
NH State Chiropractic Societ	у	s on the Lobbyist Registration Fo	
OR		obbyist's family), or the lobbying	
IV. Date of Report April 26, 2 Reports cover: activity from date October 2 activity from 7/	of registration to 3/31/17 5, 2017 🔼	July 26, 2017 activity from 4/1/17 to 6/30/1 January 31, 2018 activity from 10/1/17 to 12/3	
V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to th	sactions made since the last rep ne Secretary of State's Office, Sta	oort. 🗷 ate House, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed expens	must file Addendum A — Fees an ses, you must file Addendum B - ontributions, you must file Adde	
(0.g	RSA 664 and hereby swear	or affirm that the foregoing info	7
Stuart D. Trachy (Print Name of lobbyist)			