

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

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy				
II. Name of lobbyist's partnership, f	irm or corporation, if a	ny:		
(Name of partnership, firm or corporation)				
Two Eagle Square, Suite 300	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) 520-0822(60	3)	email strachy@aol.co	om	
(Telephone)	(Fax)			
All reportable transactions occurr Wine Institute			following client:	
(Full Na	me of Client as it appear	s on the Lobbyist Registration Fo	rm)	
OR All reportable transactions by the unrelated to any particular client.				
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		January 30, 2019 🔲	activity from 4/1/18 to 6/30/18	
V. There have been no fees received If this box is checked, complete just the Concord, NH 03301.	and no reportable tran is form and submit it to th	sactions made since the last rep he Secretary of State's Office, Sta	oort. 🔀 te House, Room 204,	
If you have paid an honorari Expense Reimbursement	made expenditures, you num or reimbursed expens	must file Addendum A – Fees and ses, you must file Addendum B – ontributions, you must file Adde	Report of Honorariums or	
Sworn Statement/Affirmation by Lot I have read RSA 15, RSA 15-B and R the best of my knowledge and belief. (Signature of lobbyist)	SA 664 and hereby swear	r or affirm that the foregoing info	,	
Stuart D. Trachy (Print Name of lobbyist)				

RECEIVED

APR 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE