

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

I. Name of Lobbyist(s) Stuart I	D. Trachy		
II. Name of lobbyist's partnership	, firm or corporation, if an	y:	
(Name of partnersl	nip, firm or corporation)		<u> </u>
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
/402\ 530 0922	email strachy@aol.com		
(603) 520-0822 (Telephone)	(Fax)	email <u>strachy@aur.cc</u>)III
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable t		•
NH Association of Marriage a		on the Lobbyist Registration Fo	orm)
OR All reportable transactions by the unrelated to any particular client. IV. Date of Report April 26, 2 Reports cover: activity from date of October 2. activity from 7/4	017/⊠ of registration to 3/31/17 5, 2017 ⊠	bbyist's family), or the lobbying July 26, 2017 activity from 4/1/17 to 6/30/1 January 31, 2018 activity from 10/1/17 to 12/3	7
V. There have been no fees receive If this box is checked, complete just Concord, NII 03301.	ed and no reportable trans this form and submit it to th	actions made since the last rep e Secretary of State's Office, Sta	oort. 🗖 ate House, Room 204,
If you have paid an honoral Expense Reimbursement	or made expenditures, you n arium or reimbursed expens	nust file Addendum A – Fees an es, you must file Addendum B - entributions, you must file Adde	nd Expenses - Report of Honorariums or endum 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) Stuart D, Trachy	RSA 664 and hereby swear	or affirm that the foregoing info	,
(Print Name of lobbyist)			