

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

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnershi	p, firm or corporation, if a	ıy:	
(Name of partners	ship, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email strachy@aol.co	om
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions v			file a separate report for
All reportable transactions occ	urring in the month prior to t	the reporting date relative to the	following client:
Enterprise Holdings			
	Name of Client as it appears	on the Lobbyist Registration Fo	orm)
All reportable transactions by unrelated to any particular client.	the lobbyist (including the lo	bbyist's family), or the lobbying	g firm listed below which are
		July 26, 2017 activity from 4/1/17 to 6/30/1 January 31, 2018 (2), 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.	red and no reportable trans t this form and submit it to th	sactions made since the last repele Secretary of State's Office, Sta	port. 🔀 ate House, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you n rarium or reimbursed expens	nust file Addendum A – Fees ar es, you must file Addendum B - ontributions, 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)	I RSA 664 and hereby swear	or affirm that the foregoing info	/
Stuart D. Trachy (Print Name of lobbyist)			