

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

RECEIVED

JUL 26 2017

PLEASE PRINT

NEW HAMPSHILE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stuart D. Trachy			
II. Name of lobbyist's partnership	, 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)	cman_ <u>stractiv@aor.co</u>	111
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable t		
Tra reportable transactions occi	aring in the month prior to a	the reporting date relative to the i	onowing enem.
Coalition of NH Chain Drug	Stores	on the Lobbyist Registration Fo	
<u>OR</u>		bbyist's family), or the lobbying	
IV. Date of Report April 26, 2 Reports cover: activity from date of October 2. activity from 7/2	5, 2017 🗌	July 26, 2017 (2) activity from 4/1/17 to 6/30/17 January 31, 2018 (1) activity from 10/1/17 to 12/31	
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	actions made since the last repe e Secretary of State's Office, State	ort. Are House, Room 204.
If you have paid an honor Expense Reimbursement	or made expenditures, you narium or reimbursed expens	nust file Addendum A- Fees and es, you must file Addendum B- ontributions, you must file Adder	Report of Honorariums or
(Signature of lobbyist)	RSA 664 and hereby swear	or affirm that the foregoing info	
Stuart D. Trachy (Print Name of lobbyist)			