



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Mark Gallagher

II. Name of lobbyist's partnership, firm or corporation, if any:

FMR LLC (Name of partnership, firm or corporation)

III. Name of Client FMR LLC Date August 10, 2010

Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: New Hampshire Democratic Party (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1250 Office Candidate is Seeking n/a

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

corporate contribution

Full name of candidate: NH House Republican Victory PAC (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

corporate contribution

Full name of candidate: Bradley Jeb (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 200

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

corporate contribution

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

Mark Gallagher

(Print Name of lobbyist)

August 10, 2010

(Date)



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Full name of candidate: NH Republican Senate Majority Committee

Amount of contribution \$ 500 Office Candidate is Seeking n/a

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution.

corporate contribution

Full name of candidate: NH Democratic Caucus

Amount of contribution \$ 1000

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution.

corporate contribution

Full name of candidate: Hassan Maggie

Amount of contribution \$ 500 State Senate

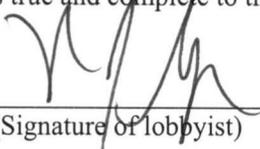
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(Signature of lobbyist)

August 10, 2010
(Date)

Mark Gallagher
(Print Name of lobbyist)



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A FMR LLC
S
E (Name of partnership, firm or corporation)

P III. Name of Client FMR LLC Date August 10, 2010

R
I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Lynch John
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000 Office Candidate is Seeking Governor

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

corporate contribution

Full name of candidate:
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate:
(Last Name) (First Name) (Middle Name/Initial)

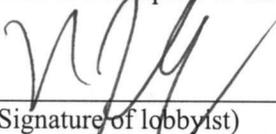
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