## STATE OF NEW HAMPSHIRE

2025 Statement of Income and **Expenses for LOBBYISTS** 

## RECEIVED

SEP 3 0 2025

NEW HAMPSHIRE

## (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Tames W.	Durkin		NEW HAMPSHIRE DEPARTMENT OF ST
II. Name of lobbyist's partnership, firm or corpo PFS CME Council 9	•		
(Name of partnership, firm or corpora  8 Beacon Street  Business Address: (Street)	Boston	MA (State)	02 108 (Zip Code)
978 866-2283 617) 3	367-6019 (Fax)	e-mail Jour	Kind afseme 93
III. This statement covers: (Choose one – file separeportable expense transactions which are not at	arate reports for eacl tributable to any one	h client, OR you may client).	file a separate report for
All reportable transactions occurring in the mon  AFSCME Council  (Full Name of Client as it appe	93		following client:
All reportable transactions by the lobbyist (include unrelated to any particular client.	, ,	·	irm listed below which are
IV. Date of Report April 30, 2025  Reports cover: activity from date of registration to 3/31.  October 29, 2025  activity from 7/1/25 to 9/30/25	/25 activity f Jan	uly 30, 2025 from 4/1/25 to 6/30/25 uary 28, 2026 m 10/1/25 to 12/31/25	
V. There have been no fees received and no I If this box is checked, complete just this form and su State House, Room 204, Concord, NH 03301.	reportable transact	ions made since th	
VI. Check if additional reports are attached:  If you have received fees or made expenditures,  If you have paid an honorarium or reimbursed e  Expense Reimbursement			
If you, your firm, or your family has made polit	tical contributions, you	ı must file <b>Addendun</b>	n C– Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete the the best of my knowledge and belief (Signature of lobbyist)  (Signature of lobbyist)  (Print Name of lobbyist)		ar or affirm that the fo	oregoing information is true