STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of L	. Name of Lobbyist(s) Joseph Murray				
II. Name of I FMR LL	lobbyist's partnership, firm o	r corporation, if any:			
	(Name of partnership, firm or	corporation)			
One	Spartan Way	Merrimack	ŃΗ	03054	
Business Addr	ress: (Street)	(Town/City)	(State)	(Zip Code)	
, 603	3-791-5727)	e-mail	ray@fmr.com	
(Te	lephone)	(Fax)	c-man		
All repor	tement covers: (Choose one – xpense transactions which are table transactions occurring in t	e not attributable to any o	one client).	,	
FMR LL	С				
	(Full Name of Client a	s it appears on the Lobbyist R	egistration Form)		
unrelated to IV. Date of I	able transactions by the lobbyis any particular client. Report April 30, 2025 : activity from date of registration October 29, 2025	n to 3/31/25 activi	July 30, 2025 ty from 4/1/25 to 6/30/25 fanuary 28, 2026	firm listed below which	
If this box is a State House,	activity from 7/1/25 to 9/30 ave been no fees received at checked, complete just this form Room 204, Concord, NH 0330. additional reports are attach	nd no reportable transa n and submit it to the Secre l			
If you ha Expense Rei	ave received fees or made exper ave paid an honorarium or reimb mbursement our firm, or your family has ma	bursed expenses, you must	file Addendum B – Rep	ort of Honorariums or	
I have read R	ement/Affirmation by Lobbyis ISA 15, RSA 15-B, RSA 14-C a to the best of my knowledge a A M M M M M M M M M M M M M M M M M M M	and RSA 664 and hereby sv	wear or affirm that the form $7/25/2$ (Date	oregoing information is	

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Jos	seph Murray		
II. Name of lobbyist's par	rtnership, firm or c	corporation, if any:	
FMR LLC			
(Name of par	tnership, firm or corporatio	n)	
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyist			apter 664 paid on behalf of the
Full name of candidate:	Hassan	Margaret	W. ("Maggie")
	(Last Name)	(First Name) Office Candidate is See	(Middle Name/Initial) king US Senate - NH
enter an estimated value and	the word "estimate."		ibution. If the actual cost is not known,
Full name of candidate: _	(I ast Name)	(First Name)	(Middle Name/Initial)
			eeking
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	nd contribution, provi	de a description of the go	oods or services provided, and enter the ibution. If the actual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	(Dast Hallie)	Office Candidate is S	· · · · · · · · · · · · · · · · · · ·

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."					
(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) 7/25/25 (Date)					
(Print Name of lobbyist)					