

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PECEIVED

OCT 1 0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	obbyist(s) Joseph Murr	ay		
II. Name of le	obbyist's partnership, firm o	r corporation, if any:		
	(Name of partnership, firm or	corporation)		
One	Spartan Way	Merrimack	NH	03054
Business Addre	ess: (Street)	(Town/City)	(State)	(Zip Code)
, 603-	-791-5727	١	e-mail joseph.mur	ray@fmr.com
(Tele	ephone)	(Fax)	6-111411	
reportable ex	ement covers: (Choose one — spense transactions which are able transactions occurring in t	e not attributable to any o	ne client).	
FMR LLC	5			
	(Full Name of Client a	s it appears on the Lobbyist Re	egistration Form)	
<u>OR</u>			,	
All reporta	able transactions by the lobbyis ny particular client.	t (including the lobbyist's f	amily), or the lobbying	firm listed below which are
V. There has If this box is c State House, I VI. Check if a If you hav Expense Reim	activity from date of registration October 30, 2024 activity from 7/1/24 to 9/30 we been no fees received an thecked, complete just this form Room 204, Concord, NH 0330) additional reports are attached received fees or made expende paid an honorarium or reimb	activity j ad no reportable transa a and submit it to the Secret ditures, you must file Adde	endum A– Fees and Exp Tile Addendum B– Repo	oenses ort of Honorariums or
I have read RS		nd RSA 664 and hereby sw	rear or affirm that the fo	regoing information is true