STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Kenneth (Juinn	
II. Name of lobbyist'	's partnership, firm or corporation, if a	ny:
11.5 T	-in Limits	
2955 Pine	me of partnership, firm or corporation) A Plaza Way, Suit A treet) (Town/City) 7/8 (Fax	26, Melbaune FL 22940 (State) (Zip Code) e-mail Stillman@termlimits.com
	overs: (Choose one – file separate repor ransactions which are not attributable	rts for each client, OR you may file a separate report for to any one client).
All reportable tran	sactions occurring in the months prior to	the reporting date relative to the following client:
	(Full Name of Client as it appears on the Lo	
	(Full Name of Client as it appears on the Lo	obbyist Registration Form)
OR ☐ All reportable tran unrelated to any partic		obyist's family), or the lobbying firm listed below which are
IV. Date of Report Reports cover: acti	April 29, 2020 wity from date of registration to 3/31/20	July 29, 2020 activity from 4/1/20 to 6/30/20
	October 28, 2020 A activity from 7/1/20 to 9/30/20	January 27, 2021 \square activity from 10/1/20 to 12/31/20
If this box is checked,	n no fees received and no reportable complete just this form and submit it to the O4, Concord, NH 03301.	transactions made since the last report. the Secretary of State's Office, 107 North Main Street,
	nal reports are attached:	
	ved fees or made expenditures, you must f	
☐ If you have paid a Expense Reimbursem		ou must file Addendum B- Report of Honorariums or
		outions, you must file Addendum C- Political Contributions
I have read RSA 15	est of as knowledge and belief.	nereby swear or affirm that the foregoing information is true 10/16/2020 (Date)
(Print Name of Jobby	vist)	