

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

II. Name of lobbyist's partnership, N/A	firm or corporation, if a	any:		
(Name of partnership	, firm or corporation)			
18 Century Drive	Malta	NY	12020	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(518) 338-4083	( )	e-mail Jack.Quinr	<sub>e-mail</sub> Jack.Quinn@Sanofi.com	
(Telephone)	(Fav			
III. This statement covers: (Choose reportable expense transactions where the All reportable transactions occurring the statement covers.)	nich are not attributable	to any one client).		
Sanofi US	,			
	Client as it appears on the L	obbyist Registration Form)	<del> </del>	
<u>OR</u>				
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lo	bbyist's family), or the lobbying f	irm listed below which	
unclated to any particular enem.				
IV. Date of Report April 25, 20	18	July 25, 2018		
Reports cover: activity from date of	registration to 3/31/18	activity from 4/1/18 to 6/30/18		
October 31,		January 30, 2019	_	
activity from 7/1	1/18 10 9/30/18	activity from 10/1/18 to 12/31/18	3	
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301.				
VI. Check if additional reports are	attached:			
<del></del>		file Addendum A – Fees and Exp	enses	
If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, y	ou must file <b>Addendum B</b> – Repo	ort of Honorariums or	
If you, your firm, or your family	has made political contril	outions, you must file Addendum	C- Political Contrib	
o o, , , , , , , , , , , , , , , , , ,				
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	14-C and RSA 664 and I	·		
Du D		October 10 20 J(Date)	18_	
(Signature of lobbyist)		J(Date)	RECEIV	
Ibold Outinn				
Jack Quinn				

NEW HAMPSHIRE DEPARTMENT OF STATE