

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobi	_{yyist(s)} Kenneth	Quinn			. <u>.</u>
II. Name of lobb	yist's partnership,	firm or co	rporation, if any:		
U.S. Term	Limits				
	(Name of partnership,	firm or cor	poration)		
1250 Connecticut AVe	Suite 200, N	1W	Washington	D.C.	20036
Business Address:	(Street)		(Town/City)	(State)	(Zip Code)
321-5	74-0718 one)	()		e-mail stillman@te	rmlimits.com
(Teleph	one)	_	(Fax)		
					file a separate report for
reportable expe	nse transactions wh	ich are no	t attributable to any o	ne client).	
All reportabl	e transactions occurr	ing in the r	nonths prior to the repo	rting date relative to the	following client:
U.S. Term			-		-
		Client as it a	ppears on the Lobbyist R	egistration Form)	
<u>OR</u>	•			,	
		lobbyist (in	cluding the lobbyist's f	family), or the lobbying t	firm listed below which are
unrelated to any	particular client.				
IV. Date of Rep	ort April 26, 202	13		July 26, 2023	
Reports cover:	activity from date of r		to 3/31/23 activ	vity from 4/1/23 to 6/30/23	
	October 25, 2			anuary 31, 2024	
	activity from 7/1/23	to 9/30/23	activity	from 10/1/23 to 12/31/23	
If this box is ched		is form an		actions made since the tary of State's Office, 10	
VI. Check if add	litional reports are	attached:			
	_		res, you must file Add	e ndum A – Fees and Exp	venses
		r reimburs	ed expenses, you must	file Addendum B – Repo	ort of Honorariums or
Expense Reimbu			41.5		6.7.00.16.00.0
If you, your	firm, or your family i	has made p	olifical contributions, y	ou must file Addendum	C- Political Contribution
I have read RSA	nt/Affirmation by L 15, R&A 15-B, R&A he best of my knowl	14-6 and 1		vear or affirm that the for	regoing information is true
///		- -	•	01/10/2024	
(Signature of lot	byist)	-		(Date)	
Kenneth Q					
(Print Name of I					

RECEIVED

JAN 12 2024

NEW HAMPSHIRE DEPARTMENT OF STATE