(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Bianco Protessi		or corporation, if a	•		
	ional Association				
(Nar	me of partnership, firm	or corporation)			
18 Centre Stree	et	Concord	NH	033	301
Business Address: (St	reet)	(Town/City)	(Stat	e) (Z	ip Code)
(603) 225-7170	(6	03) 226-0165	e-mail k	soucy@biancopa	.com
(Telephone)		(Fax			
III. This statement coreportable expense to All reportable trans	ransactions which a	re not attributable			-
•	_	-	se Democrats	Ũ	
	(Full Name of Client	as it appears on the Lo	obbyist Registration For	n)	
<u>OR</u>	•				
unrelated to any partic IV. Date of Report Reports cover: activ	April 25, 2018 ity from date of registr		July 25, 201 activity from 4/1/18		
	October 31, 2018 activity from 7/1/18 to	X	January 30, activity from 10/1/1		
V. There have been			e transactions made he Secretary of State's		
-					
Concord, NH 03301.	al reports are attac	hed:			
Concord, NH 03301. VI. Check if addition			file Addendum A – Fe	es and Expenses	
Concord, NH 03301. VI. Check if addition If you have receiv	red fees or made expe in honorarium or rein	enditures, you must t	file Addendum A– Fe ou must file Addendu	· ·	orariums or
Concord, NH 03301. VI. Check if addition If you have receiv If you have paid a Expense Reimburseme	red fees or made expe in honorarium or rein ent	enditures, you must in	•	m B- Report of Hono	
Concord, NH 03301. VI. Check if addition If you have receiv If you have paid a Expense Reimburseme If you, your firm, Sworn Statement/Aff I have read RSA 15, R	red fees or made expension honorarium or reindent or your family has much firmation by Lobby RSA 15-B, RSA 14-C	enditures, you must in mbursed expenses, you made political contributions ist C and RSA 664 and h	ou must file Addendu	m B– Report of Hono	cal Contribut
Concord, NH 03301. VI. Check if addition If you have receiv If you have paid a Expense Reimburseme If you, your firm,	red fees or made expension honorarium or reindent or your family has much firmation by Lobby RSA 15-B, RSA 14-C	enditures, you must in mbursed expenses, you made political contributions ist C and RSA 664 and h	ou must file Addendu outions, you must file a	m B– Report of Hono	cal Contribut

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) <u>Ka</u>	ren N. Soucy				
II. Name of lobbyist's par	tnership, firm or corp	ooration, if any:			
	essional Association				
(Name of par	tnership, firm or corporation)				
III. Name of Client			Date		
Political Contributions For each political contributions client/lobbyist and lobbying			ter 664 paid	on behalf of th	e
Full name of candidate: _	Committee to Elec		(Middle	Name/Initial)	
	(Last Name)	(First Name)	•	·	
Amount of contribution \$	30.00	Office Candidate i	s Seeking	Senate	
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	ntribution on the line above	e for amount of contribu	ution. If the a	octual cost is not	known
actual cost of the in-kind cor	ntribution on the line above the word "estimate."	e for amount of contrib	ution. If the a	actual cost is not	known
actual cost of the in-kind cor enter an estimated value and	ntribution on the line above	(First Name)	ution. If the a	e Name/Initial)	known
actual cost of the in-kind cor enter an estimated value and	the word "estimate." (Last Name)	(First Name)	ution. If the a	actual cost is not	known
actual cost of the in-kind corenter an estimated value and	(Last Name) ind contribution, provide ntribution on the line above	(First Name)	(Middle	e Name/Initial)	known
actual cost of the in-kind corenter an estimated value and Full name of candidate: Amount of contribution \$ If the contribution is an in-kind core	(Last Name) (Last Name) ind contribution, provide attribution on the line above the word "estimate."	(First Name) a description of the good we for amount of contrib	(Middle	e Name/Initial) provided, and eractual cost is not	known
actual cost of the in-kind corenter an estimated value and Full name of candidate: Amount of contribution \$ If the contribution is an in-kind corenter an estimated value and	(Last Name) ind contribution, provide ntribution on the line above	(First Name) a description of the good we for amount of contrib	(Middle	e Name/Initial)	known

(turn over to continue \rightarrow)

enter an estimated value and the word "estimate."	above for amount of contribution. If the actual cost is not known,
If more than three contributions were made report ad-	
If more than three contributions were made, report add	ittional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664	and hereby swear or affirm that the foregoing information
s true and complete to the best of my knowle	edge and belief.
2/ 0	
	0.11.21.222
(Signature of lovo) ist)	October 31, 2018
	(Date)
Karen N. Soucy	