### CTATE OF NEW HAMDCHIDE

# S

I. Name of Lobbyist(s) James J. Bianco, Jr., Jodi Grimbilas, Adam Schmidt, Karen Soucy, Kathy Corey Fox, Thomas Colantuono

**RECEIVED** 

APR 27 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

| NTE OF |              | STATE OF NEW HAMIPSHIKE              |
|--------|--------------|--------------------------------------|
|        |              | 2016 Statement of Income and Expense |
|        |              | for LOBBYISTS                        |
|        |              | (RSA Chapter 15)                     |
|        | PLEASE PRINT | •                                    |

| (Name  | of partnership, firm or cor                         | poration)               |                                     |                       |                 |
|--|---|-------------------------|-------------------------------------|-----------------------|-----------------|
| 18 Centre Street   |   | Concord                 | NH                                  | 03301                 | ]               |
| Business Address: (Stre  | et)   | (Town/City)             | (State                              |                       | p Code)         |
| (603) 225-7170   | (603)   | 226-0165                | e-mail                              | attys@biancopa.c      | om              |
| (Telephone)  |   | (Fax)                   | C-man                               | dity ( Blancopa.o     |                 |
| reportable expense tra   | vers: (Choose one – file<br>ansactions which are no | t attributable to any   | one client).                        |                       | •               |
|  | actions occurring in the r                          | nonths prior to the rep | orting date rela                    | tive to the following | client:         |
| Elliot Health System   | (Full Name of Client as it a                        | mmanus on that abbedie  | Danistration Fam                    |                       |                 |
| <u>OR</u>  | (run Name of Chem as it a                           | ippears on the Loodytst | Registration Form                   | 1)                    |                 |
|  | ctions by the lobbyist (ir<br>lar client.           | cluding the lobbyist's  | s family), or the                   | lobbying firm listed  | below which a   |
| IV. Date of Report Reports cover: activit                                  | April 27, 2016 X                                    | to 3/31/16 acti         | July 27, 2016<br>vity from 4/1/16 t |                       |                 |
|  | October 27, 2016                                    |                         | January 25, 2                       |                       |                 |
| а  | ctivity from 7/1/16 to 9/30/                        | 16 act                  | ivity from 10/1/16                  | to 12/31/16           |                 |
|  | no fees received and to omplete just this form an   |                         |                                     |                       |                 |
| VI. <i>C</i> heck if additiona   | l reports are attached:                             |                         |                                     |                       |                 |
| If you have received   | d fees or made expenditu                            | res, you must file Ad   | dendum A– Fe                        | es and Expenses       |                 |
| ☐ If you have paid an<br>Expense Reimbursemer                              | honorarium or reimburs                              | ed expenses, you mus    | t file Addendur                     | n B– Report of Hono   | rariums or      |
| ☐ If you, your firm, o   | r your family has made p                            | olitical contributions, | you must file A                     | ddendum C- Politic    | cal Contributio |
| ,  |   |                         |                                     |                       |                 |
|  |   |                         |                                     |                       |                 |
| Sworn Statement/Affii<br>I have read RSA 15, RS                            | A 15-18 and RSA 664 an                              | d hereby swear or aff   | īrm that the fore                   | going information is  | true and comp   |
| Sworn Statement/Affin<br>I have read RSA 15, RS<br>to the best of my knowl | A 15-18 and RSA 664 an                              | d hereby swear or aff   |                                     | 1/27/2016             | true and comp   |
| Sworn Statement/Affii<br>I have read RSA 15, RS                            | A 15-18 and RSA 664 an                              | d hereby swear or aff   |                                     |                       | true and comp   |
| Sworn Statement/Affin<br>I have read RSA 15, RS<br>to the best of my knowl | A 15-18 and RSA 664 and edge and belief.            | d hereby swear or aff   |                                     | 1/27/2016             | true and comp   |

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| 1718  |   |
|---|---|
| L.Na me of Lobbyist(s) Thomas Colantuono  | hmidt, Karen Soucy, Kathy Core  |
| II. Name of lobbyist's partnership, firm or corporation, if any:  |   |
| Bianco Professional Association   |   |
| (Name of partnership, firm or corporation)  | -   |
| III. Name of Client Elliot Health System  | Date 04/27/16   |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:  | relations, or public relations services oss fee amount reported shall not be  |
| a) Total of all fees received in this reporting period  | a) \$   |
|   |   |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).   | b) \$ 0<br>ear)   |
| c) Total of all fees received to date (Add lines a and b)   | c) \$ 23,000  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) \$ _ 0   |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximidividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | chient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (a) the person of with a value of \$25.00 or less); and or ting period of greater than \$25.00 for the of greater than \$25, purchase of a expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$ _23,000   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$   |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$0  |
| total of all fletifized expenditures reported in detail in section v1.  | C) 5  |

| d) Total expenses for this reporting period  | d) \$ 23,000                       |
|--|------------------------------------|
| (Add lines a, b and c)   |                                    |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | f) \$23,000                        |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | <b>\$</b>                          |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |
|  | 04/27/16                           |
| (Signature of lobbyist)  | (Date)                             |
| James J. Bianco, Jr.   |                                    |
| (Print Name of lobbyist)   |                                    |

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Addendum B(s).

Addendum C(s).

| Statement of Incom        | e and Expenses for:      |                              |  |
|---------------------------|--------------------------|------------------------------|--|
| Name of Lobbying par      | tnership, firm, or corpo | oration: Bianco Profession   | nal Association  |
| Name of Client (leave     | blank if Statement is fo | or the partnership, firm, or | corporation and not related to any                             |
| particular client): Ellic | ot Health System         |                              |  |
| Date of Report (check     | one):                    |                              |  |
| April 27, 2016 🛛          | July 27, 2016 □          | October 27, 2016 □           | January 25, 2017 □   |
|                           |                          |                              |  |
|                           |                          |                              | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(s              | s).                      |                              |  |

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

| Sai Gumbler              | 4-26-16 |
|--------------------------|---------|
| (Signature of lobbyist)  | (Date)  |
| Jodi Grimbilas           |         |
| (Print Name of lobbyist) |         |

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Name of Lobbying par      | tnership, firm, or corpo                        | ration: Bianco Profession | nal Association  |
|---------------------------|---|---------------------------|--|
|                           |   |                           | corporation and not related to any                             |
| particular client): Ellic | ot Health System                                |                           |  |
| Date of Report (check     | one):   |                           |  |
| April 27, 2016 🛛          | July 27, 2016 □                                 | October 27, 2016 □        | January 25, 2017 □   |
|                           |   |                           | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(s              | s).   |                           |  |
| Addendum B(s              | s).   |                           |  |
| Addendum C(s              | 3).   |                           |  |
|                           | m that the foregoing in<br>my knowledge and bel |                           | nt and each Addendum is true and                               |
| (Signature of lobbyist)   | <b>\( \)</b>                                    | <u> </u>                  | (Date)   |
| /<br>Karen Soucy          |   |                           |  |
| (Print Name of lobbyis    | t)  |                           |  |

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Name of Lobbying partnership, firm, or corporation: Bianco Professional Association |                        |                    |  |
|---|------------------------|--------------------|--|
|   |                        |                    | corporation and not related to any                             |
| particular client): _Ellic  | t Health System        |                    |  |
| Date of Report (check   | one):                  |                    |  |
| April 27, 2016 ☒  | July 27, 2016 □        | October 27, 2016 □ | January 25, 2017 □   |
|   | ums submitted with the |                    | nd Expenses described above, and umber of Addendum forms being |
| Addendum B(s  | i).                    |                    |  |
| Addendum C(s  |                        |                    |  |
| I hereby swear or affire<br>complete to the best of                                 |                        |                    | nt and each Addendum is true and                               |
| (Signature of lobbyist)   | may Lot                |                    | (Date)   |
| Kathy Corey Fox   |                        |                    |  |
| (Print Name of lobbyis  | t)                     |                    |  |

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Name of Lobbying par                             | tnership, firm, or corpo | oration: Bianco Profession | nal Association  |
|--|--------------------------|----------------------------|--|
|  | blank if Statement is fo |                            | corporation and not related to any                             |
| Date of Report (check                            | one):                    |                            |  |
| April 27, 2016 🛛                                 | July 27, 2016 🗆          | October 27, 2016 🗆         | January 25, 2017 □   |
|  |                          |                            | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(s                                     | s).                      |                            |  |
| Addendum B(s                                     | ).                       |                            |  |
| Addendum C(s                                     | ).                       |                            |  |
| I hereby swear or affire complete to the best of |                          |                            | nt and each Addendum is true and                               |
| Monas  | Mankery                  |                            | 1/26/16  |
| (Signature of lobbyist)                          |                          |                            | (Date)   |
| Thomas Colantuono                                |                          |                            |  |
| (Print Name of lobbyis                           | t)                       |                            |  |

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Name of Lobbyi     | ing partnership, firm, or corpo | oration: Bianco Profession | al Association   |
|--------------------|---------------------------------|----------------------------|--|
|                    |                                 |                            | corporation and not related to any                             |
| particular client) | Elliot Health System            |                            |  |
| Date of Report (   | (check one):                    |                            |  |
| April 27, 2016     | ☑ July 27, 2016 □               | October 27, 2016 □         | January 25, 2017 □   |
|                    |                                 |                            | nd Expenses described above, and umber of Addendum forms being |
| Addend             | um A(s).                        |                            |  |
| Addend             | um B(s).                        |                            |  |
| Addend             | um C(s).                        |                            |  |
| •                  | best of my knowledge and be     |                            | and each Addendum is true and  ///// // (Date)                 |
| Adam Schmidt       |                                 |                            |  |
| (Print Name of l   | obbyist)                        |                            |  |