### STATE OF NEW HAMPSHIRE

### 2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

JAN 24 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

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(State) e-mail at	(Zip Code) ttys@biancopa.com
(State) e-mail at	(Zip Code) ttys@biancopa.com
e-mail at	ttys@biancopa.com
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	ou may file a separate re
the reporting date relative	e to the following client:
bbyist Registration Form)	
huist's family antholyb	shving firm listed halow o
byist's family), or the foo	obying firm listed below v
July 27, 2016   activity from 4/1/16 to 6/	
January 25, 201 activity from 10/1/16 to	
transactions made single Secretary of State's Off	nce the last report. [ fice, State House, Room 2
ile <b>Addendum A</b> – Fees a	and Expenses
u must file <b>Addendum E</b>	B – Report of Honorariums
utions, you must file Add	lendum C- Political Cont
or affirm that the forego	ing information is true and
01/23/20	
	(Date)
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	activity from 10/1/16 to transactions made sine Secretary of State's Official Addendum A— Fees and must file Addendum Entions, you must file Addendum for affirm that the forego

# L E A S E P R I N T

### STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

1. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen Sch	oucy, Kathy Corey Fox
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client WellCare Health Plans, Inc.	Date
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 greeduced by any expenses:	t relations, or public relations service
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 y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$24,069
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$ 3,011
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to ref fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le 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 greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paixpenses; (b) the aggregate total of all le: meals purchased during a business stann \$10 that is given to the personed with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$56, 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) \$
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) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$27,079
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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
	01/23/2017
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 27, 2016 □ July 27, 2016 □ October 27, 2016 □ January 25, 2017 💆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  Addendum A(s) Addendum B(s) Addendum C(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.  (Signature of lobbyist)  (Date)
(Signature of loodyist) (Date)
Adam Schmidt
(Print Name of Johnst)

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Sworn	Staten	nent/Aff	irmat	ion by	Lobbyist
Statem	ent of	Income	and E	Expens	es for:

Name of Lobbying part	nership, firm, or corpo	oration: Bianco Profession	nal Association
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Well	Care Health Plans, Inc	D	
Date of Report (check o	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)	).		
Addendum B(s)	) <b>.</b>		
Addendum C(s)	).		
I hereby swear or affirm complete to the best of the b			at and each Addendum is true and  1/23/17 (Date)
(Print Name of lobbyist)	)		

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Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and emplete to the best of my knowledge and belief.
Hatty Cora for X  Signature of lobbyist)  33 January 3017  (Date)
Kathy Corey Fox
Print Name of lobbyist)