

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 3 1 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of I	_{Lobbyist(s)} James J. E	Bianco, Jr.		
II. Name of	lobbyist's partnership, firm	n or corporation, if any:		
Bianco I	Professional Assoc	iation		
	(Name of partnership, firm	n or corporation)		
18	Centre St.	Concord	NH	03301
Business Add	ress: (Street)	(Town/City)	(State)	(Zip Code)
() 603	3-225-7170 ₍	, 603-226-0165	_{e-mail} _attys@bi	ancopa.com
(Te	elephone)	(Fax)		
		e — file separate reports for eac are not attributable to any on		y file a separate report for
All repor	rtable transactions occurring	in the months prior to the report	ting date relative to the	e following client:
	NH	Dental Society		
OR	(Full Name of Clie	nt as it appears on the Lobbyist Rea	gistration Form)	
IV. Date of Reports cover V. There h If this box is State House,	Report April 24, 202 c: activity from date of registre October 30, 202 activity from 7/1/24 to 9	ntion to 3/31/24 activity I and no reportable transaction and submit it to the Secretarian.	July 31, 2024 v from 4/1/24 to 6/30/24 nuary 29, 2025 com 10/1/24 to 12/31/24	ne last report.
If you have Expense Rei	ave paid an honorarium or re imbursement	penditures, you must file Adder imbursed expenses, you must fi made political contributions, you	le Addendum B- Rep	port of Honorariums or
I have read I and complet (Signature of James J	e to the best of my knowledg	Cand RSA 664 and hereby swa	ear or affirm that the f 7.31.2024 (Dat	

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Jam	es J. Bianco, Jr	<u>. </u>	
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Bianco Professior		. , .	
	ership, firm or corporation)	_ -	
III. Name of Client			_{Date} 7.31.2024
Political Contributions For each political contributi client/lobbyist and lobbying	on that is reportable firm, indicate the f	e pursuant to RSA Chapter (following:	564 paid on behalf of the
Full name of candidate:	NH Senate F	Republicans PAC	(Middle Name/Initial)
Amount of contribution \$ 25	0.00	Office Candidate is Seeking	Senator
enter an estimated value and th	e word "estimate."		. If the actual cost is not known,
Full name of candidate:	Carson	Sharon	
Amount of contribution \$15	(Last Name) 0.00	(First Name) Office Candidate is Seeking	(Middle Name/Initial) Senator
If the contribution is an in-kind	d contribution, provid ibution on the line ab	e a description of the goods or	services provided, and enter the . If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Condidate is Souking	

If the contribution is an in-kind contribution, provide a des- actual cost of the in-kind contribution on the line above for	
enter an estimated value and the word "estimate."	amount of contribution. If the actual cost is not allowit,
-	
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
5 TOTAL STATE OF THE STATE OF T	
I have read RSA 15, RSA 15-B and RSA 664 and her	
is true and complete to the best of my knowledge and	belief.
\ X b	
	7.31.2024
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	
A time traine of toboying	

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