

STATE OF NEW HAMPSHIRE

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JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

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

I. Name of Lob	byist(s) <u>James J. Bi</u>	anco, Jr.; Adam Schr	nidt; Karen Soucy; Kathy	Corey Fox
II. Name of lob	obyist's partnership, f	îrm or corporation, if aı	ıy:	
	Bianco Professio	nal Association		
	(Name of partnership,			
18	Centre Street	Concord	NH ·	03301
Business Address		(Town/City)	(State)	(Zip Code)
(603) 225-7		(603) 226-0165	e-mail attys@bia	ancopa.com
(Telep	hone)	(Fax)		-
reportable exp	ense transactions whi	ch are not attributable t	•	
X All reportab	le transactions occurrit	ng in the months prior to t	he reporting date relative to the	following client:
		of Insurance and Fina		
ΩD	(Full Name of C	lient as it appears on the Lo	bbyist Registration Form)	
OR .□ All reportab unrelated to any	ole transactions by the leparticular client.	obbyist (including the lob	byist's family), or the lobbying	firm listed below which are
IV. Date of Rep Reports cover:	port April 25, 2018 activity from date of re		July 25, 2018 💆 activity from 4/1/18 to 6/30/18	
	October 31, 2 activity from 7/1/		January 30, 2019 activity from 10/1/18 to 12/31/1	8
V. There have If this box is che Concord, NH 03	cked, complete just thi	ed and no reportable s form and submit it to the	transactions made since the e Secretary of State's Office, Sta	e last report. Graph de House, Room 204,
VI. Check if ad	ditional reports are a	ttached:		
			le Addendum A- Fees and Exp	penses
_	paid an honorarium or		u must file Addendum B – Repo	
☐ If you, your	firm, or your family h	as made political contribu	tions, you must file Addendum	C- Political Contributions
Sworn Stateme I have read RSA and complete to			reby swear or affirm that the fo	regoing information is true
			July 25, 2018	
(Signature of lo	bbyist)		(Date)
James J. Bia	nco, Jr.			
(Print Name of	lobbyist)			

E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client Coalition of Insurance and Financial Producers	SDate _ 07/25/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified abovto lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 6,315
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	b) \$ 13,056
c) Total of all fees received to date (Add lines a and b)	c) \$ 19,371
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 160
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of libering lobbied, purchase of a ceremonial object given to a person being lobb (c) an itemized statement of each individual expenditure made during this repany 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 great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm he aggregate total of all expenses parexpenses; (b) the aggregate total of all expenses parexpenses; (b) the aggregate total of apple: meals purchased during a busineses than \$10 that is given to the personal with a value of \$25.00 or less); are porting period of greater than \$25.00 follue of greater than \$25, purchase of ter than \$25, but not greater than \$5, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>6,315</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 6,315
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) \$ 13,216
f) Total of all expenses year to date	f) \$ 19,531
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:
	\$
	\$
	\$
	\$
	\$
	\$
<u> </u>	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
	07/25/2018
(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, f	īrm, or corporat	tion: Bianco Profession	nal Association
Name of Client (leave blank if S	tatement is for t	the partnership, firm, or co	orporation and not related to any
particular client): Coalition of	Insurance and	Financial Producers	
Date of Report (check one):			
April 25, 2018 ☐ July 25	, 2018 ⊠	October 31, 2018 🗆	January 30, 2019 □
I have read RSA 15, RSA 15-B, the following Addendums submitted): Addendum A(s).	•		•
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my know (Signature of lobbyist)		f.	and each Addendum is true and 25, 2018 (Date)
Adam Schmidt			
(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 Lob!	orn Statement/Affirmation by Lobbyist			
Statement of Income and Expenses for	r:			
N				

Name of Lobbying part	mership, firm, or corpo	oration: Bianco Profess	ional Association
Name of Client (leave I	blank if Statement is f	or the partnership, firm, or	corporation and not related to any
particular client): Coa	lition of Insurance a	nd Financial Producers	
Date of Report (check	one):		
April 25, 2018 🗆	July 25, 2018 🔯	October 31, 2018 □	January 30, 2019 □
	ims submitted with th		nd Expenses described above, and umber of Addendum forms being
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		lief.	nt and each Addendum is true and y 25, 2018 (Date)
Karen Soucy			
(Print Name of lobbyist	1)		

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	Statem	ent/Affir	mation	by I	Lobbyist
Statem	ent of	Income an	d Expe	enses	s for:

Name of Lobbying par	tnership, firm, or corp	oration: Bianco Profess	ional Association
Name of Client (leave	blank if Statement is t	or the partnership, firm, or	corporation and not related to a
particular client): Co.	alition of Insurance	and Financial Producers	
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 🔯	October 31, 2018 🗆	January 30, 2019 □
the following Addend submitted):	ums submitted with the		nd Expenses described above, a umber of Addendum forms bei
Addendum A(
Addendum B(5).		
Addendum C(s).		
I hereby swear or affir complete to the best of (Signature of lobbyist)		elief.	nt and each Addendum is true a y 25, 2018 (Date)
Kathy Corey Fox			
(Print Name of lobbyis	st)		