### STATE OF NEW HAMPSHIRE

### 2015 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

| I.Na me of Lobbyist(s) | James J. | Bianco, | Jr., Jodi | Grimbilas, | Adam Schmidt, | Karen S | Soucy, | Kathy | Corey | Fox |
|------------------------|----------|---------|-----------|------------|---------------|---------|--------|-------|-------|-----|
|------------------------|----------|---------|-----------|------------|---------------|---------|--------|-------|-------|-----|

### H.Na me of lobbyist's partnership, firm or corporation, if any:

Bianco Professional Association

| (Name of partner           |                |                             |            |
|----------------------------|----------------|-----------------------------|------------|
| 18 Centre Street           | Concord        | NH                          | 03301      |
| Business Address: (Street) | (Town City)    | (State)                     | (Zip Code) |
| (603) 225-7 <u>1</u> 70    | (603) 226-0165 | <sub>e-mail</sub> attys@bia | ancopa.com |
| (Telephone)                | (Fax)          |                             |            |

III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

**CVS Health** 

(Full Name of Client as it appears on the Lobbyist Registration Form)

### OR

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report

April 29, 2015 X

July 29, 2015

Reports cover:

activity from date of registration to 3/31/15

activity from 4/1/15 to 6/30/15

October 28, 2015

January 27, 2016

activity from 7/1/15 to 9/30/15

activity from 10/1/15 to 12/31/15

V. There have been no fees received and no reportable transactions made since the last report.

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NII 03301.

VI. Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses

If you have paid an honorarium or reimbursed expenses, you must file Addendum B Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, you must file **Addendum C** Political Contributions

Sworn Statement/Affirmation by/Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete

to the best of my knowledge and belief

04/29/2015

(Signature of lobbyist)

(Date)

James J. Bianco, Jr. (Print Name of lobbyist) RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

# P L 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 lobbyis   | t's partnership, firm or corporation, if any:   |   |
|---|---|---|
|   | ional Association   |   |
| (Na   | me of partnership, firm or corporation)   |   |
| III. Name of Client   | CVS Health  | Date 4/29/15  |
| to lobbying, includin   | ount of all fees received from the client identified above g fees for services such as public advocacy, governmen nonitoring legislation, and related legal work. The grases:   | t relations, or public relations service  |
| a) Total of all fees re   | ceived in this reporting period   | a) \$12,500   |
|   | eceived this calendar year, prior to this reporting period<br>al the total of all prior monthly reports for this calendar y   | b) \$   |
| c) Total of all fees re<br>(Add lines a ar  |   | c) \$12,500   |
| d) Indicate the amou<br>yet been paid   | int of any such fees that are due, but have not   | d) §0   |
| fees. Separate report the lobbyist(s) firm the Expenses are to be reduring the reporting individual expenses where the cost being lobbied, purchase (c) an itemized statem any purpose not cover ceremonial object to restaurant expenses from the lobby in the lobby is the lobby in the lobby is | g partnerships, firms, or corporations are required to report to be filed for expenditures made relative to each that are unrelated to any one client a separate report reported in one of three categories of expenses: (a) the period for salaries, benefits, support staff, and office exhere the expenditure was of \$25.00 or less (for examp was \$25.00 or less, purchase of a pen with a value of lesse of a ceremonial object given to a person being lobbic tent of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value given to the subject of lobbying with a value greate for a legislative reception). Expenses for honorariums 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 paid xpenses: (b) the aggregate total of alle: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica |
| support staff, and offi   | penses for this reporting period for salaries, benefits, ce expenses, related directly or indirectly to lobbying.  Expenditures during this reporting period, not reported  | a) \$   |
| in a), of \$25 or less.   | expenditures during this reporting period, not reported   | b) \$   |
| c) Total of all itemize   | ed expenditures reported in detail in section VI.   | c) \$ 0   |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$12,500                             |
|--|---|
| 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 rep |   |
| f) Total of all expenses year to date  | f) \$ 12,500                            |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made fi period, including by whom paid or to whom charged.   | rom lobbying fees during this reporting |
| Paid to:   | Amount:                                 |
|  | \$                                      |
| ·  | \$                                      |
| · · · · · · · · · · · · · · · · · · ·  | <u> </u>                                |
| ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··   | <b>\$</b>                               |
| <del></del>  | \$                                      |
|  | s                                       |
|  |   |
|  |   |
| Sworn Statement/Affirmation by Lobbyist  |   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief.                          | affirm that the foregoing information   |
|  | 4/29/15                                 |
| (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 | y Lobbyist |
|--------|--------------------------|------------|
| Statem | ent of Income and Expen  | ses for:   |

| Name of Lobbying par    | tnership, firm, or corpo                       | oration: Bianco Profession | al Association   |
|-------------------------|--|----------------------------|--|
| Name of Client (leave   |  |                            | corporation and not related to any                             |
| Date of Report (check   | one):  |                            |  |
| April 29, 2015 🖾        | July 29, 2015 🗆                                | October 28, 2015 🗆         | January 27, 2016 □   |
|                         | ums submitted with th                          |                            | nd Expenses described above, and umber of Addendum forms being |
| Addendum C(             | s).  |                            |  |
|                         | on that the foregoing in fing knowledge and be |                            | nt and each Addendum is true and                               |
| (Signature of lobbyist) | mbla   |                            | 1-27-15-<br>(Date)   |
| Jodi Grimbilas          |  |                            |  |
| (Print Name of lobbyis  | st)  |                            |  |

# State of New Hampshire Signature Form for Associated Lobbyist RSA (hapter 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

complete to the best of my knowledge and belief.

| Statement of Income ar                               | id Expenses for:      |                             |  |
|--|-----------------------|-----------------------------|--|
| Name of Lobbying partner                             | ship, firm, or corpor | ation: Bianco Professiona   | Il Association   |
| Name of Client (leave blan particular client): CVS F | lealth                | the partnership, firm, or o | corporation and not related to any                               |
| Date of Report (check one                            | ):                    |                             |  |
| April 29, 2015 ⊠ J                                   | uly 29, 2015 🗆        | October 28, 2015 🗆          | January 27, 2016 □   |
|  |                       |                             | d Expenses described above, and<br>imber of Addendum forms being |

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and

Signature of lobbyist)

Adam Schmidt

(Print Name of lobbyist)

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

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

| Sworn  | Staten | nent/Aff | ìrma | tion | by   | Lobby   | ist |
|--------|--------|----------|------|------|------|---------|-----|
| Statem | ent of | Income   | and  | Expe | ensc | es 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):  CVS Health  |
| Date of Report (check one):   |
| April 29, 2015 ☑ July 29, 2015 □ October 28, 2015 □ January 27, 2016 □  |
| 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)  4/25/11 (Date)   |
| Karen Soucy   |
| (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  | Staten | nent/Affi | rmation | by L  | obbyist |
|--------|--------|-----------|---------|-------|---------|
| Statem | ent of | Income a  | and Exp | enses | 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):  CVS Health   |
| Date of Report (check one):  |
| April 29, 2015   ☐ July 29, 2015 ☐ October 28, 2015 ☐ January 27, 2016 ☐   |
| 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 $\Lambda(s)$ . |
| 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)  (Signature of lobbyist)  (Date)   |
| Kathy Corey Fox  |
| (Print Name of lobbyist)   |