

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	n Schmidt; Karen Souc	у		
II. Name of lobbyist's partners	hip, firm or corporation, if a	nny:		
Bianco Professional A	ssociation			
(Name of partne	rship, firm or corporation)			
18 Centre Street	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603 225-7170 (Telephone)	(603) 226-0165 (Fax		e-mail_attys@biancopa.com_	
III. This statement covers: (Ch reportable expense transaction			ay file a separate report for	
X All reportable transactions o	ccurring in the months prior to	the reporting date relative to t	he following client:	
Apartment Association	of NH			
	ne of Client as it appears on the L	obbyist Registration Form)		
OR ☐ All reportable transactions by unrelated to any particular client		bbyist's family), or the lobbyin	g firm listed below which are	
	5, 2017 [] te of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/1	7	
	r 25, 2017 [] m 7/1/17 to 9/30/17	January 31, 2018 🛭 activity from 10/1/17 to 12/3	1/17	
V. There have been no fees If this box is checked, complete j Concord, NH 03301.	received and no reportablust this form and submit it to t	e transactions made since he Secretary of State's Office,	the last report. State House, Room 204,	
VI. Check if additional reports	are attached:			
-		file Addendum A- Fees and E	Expenses	
☐ If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses, y	ou must file Addendum B-R	eport of Honorariums or	
☐ If you, your firm, or your fa	mily has made political contrib	outions, you must file Addend	um C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my	RSA 14-C and RSA 664 and	hereby swear or affirm that the $\frac{1029/18}{000}$	-	
(Signature of lobbyist)		(Di	RECEIVED	
Adam Schmidt			INLUEIVED	
(Print Name of lobbyist)			0	

JAN 3 0 2018

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 partn	ership, firm, or corpo	oration: Bianco Profess	ional Association
	ank if Statement is fo	or the partnership, firm, or	corporation and not related to any
Date of Report (check of	ne):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 反
			d Expenses described above, and imber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of no (Signature of labbyist)	• •		at and each Addendum is true and
Karen Soucy			
(Print Name of lobbyist)			