

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (BSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyi	st(s) James J. Bianco, J	r.; Adam Schi	midt; Karen Soucy; Kath	y Corey Fox
II. Name of lobbyi	st's partnership, firm or c	orporation, if a	ny:	
В	ianco Professional Ass	ociation		
(1)	lame of partnership, firm or co	rporation)		
18 Ce	entre Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603)	226-0165	e-mail_attys@	biancopa.com
(Telephone)	(Fax)		
			ts for each client, OR you n	nay file a separate report
reportable expense	transactions which are n	ot attributable (to any one client).	
X All reportable tr	ansactions occurring in the	months prior to	the reporting date relative to t	the following client:
•	NH Snowmobile	•		·
 -			bbyist Registration Form)	
<u>OR</u>	,	••	•	
		including the lo	bbyist's family), or the lobbyi	ing firm listed below which
unrelated to any par	ticular client.			
IV. Date of Report	April 25, 2018		July 25, 2018 🛚	
	ctivity from date of registration	ı to 3/3 1/18	activity from 4/1/18 to 6/30/1	18
	October 31, 2018 🛚		January 30, 2019 🗌	
	activity from 7/1/18 to 9/30	/18	activity from 10/1/18 to 12/3	31/18
V. There have be If this box is checke Concord, NH 0330	d, complete just this form a	no reportable nd submit it to th	transactions made since ne Secretary of State's Office.	the last report. State House, Room 204,
VI. Check if additi	onal reports are attached:			
	•		ile Addendum A- Fees and	Expenses
☐ If you have paid Expense Reimburse		sed expenses, yo	ou must file Addendum B — R	Report of Honorariums or
☐ If you, your fire	m, or your family has made	political contrib	utions, you must file Addend	lum C- Political Contributi
I have read RSA 15	Affirmation by Lobbyist , RSA 15-B, RSA 14-C and best of my knowledge and		ereby swear or affirm that the	e foregoing information is t
	Vh >		October 31, 20	18
(Signature of lobby	rist)			rate)
James J. Bianco	o, Jr.			
(Print Name of lob				

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): NH Snowmobile Association
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, 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):
O 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. October 31, 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 Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: Bianco Professi	onal Association
Name of Client (leave bl	ank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client): NH S	Snowmobile Associa	ition	
Date of Report (check of	ne):		
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🖾	January 30, 2019 □
			d Expenses described above, and imber of Addendum forms being
O Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m		ef.	ober 31, 2018 (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	State	ment/Af	firma	tion by	Lobbyist
Statem	ent of	Income	and I	Expens	es for:

Name of Lobbying partnership, f	irm, or corpora	ation: Bianco Professi	onal Association
Name of Client (leave blank if St	atement is for	the partnership, firm, or	corporation and not related to any
particular client): NH Snowmo	bile Associat	tion	
Date of Report (check one):			
April 25, 2018 □ July 25	, 2018 □	October 31, 2018 🖾	January 30, 2019 □
			d Expenses described above, and imber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my knowledge.	~ ~		nt and each Addendum is true and
Lotte Cree Las		Oct	ober_31, 2018
(Signature of lobbyist)			(Date)
Kathy Corey Fox			
(Print Name of lobbyist)			