(Print Name of lobbyist)

PLEASE PRINT

### STATE OF NEW HAMPSHIRE

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

# **RECEIVED**

JUL 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	DEPARTMENT O				
•	's partnership, firm oi ssional Associatio	•			
(Na	me of partnership, firm or	corporation)	- "-		
18 Centre St	reet	Concord	NH	03301	
Business Address: (S	treet)	(Town/City)	(State)	(Zip Code)	
(603) 225-7170 (Telephone)	(60	3) 226-0165 (Fax)	e-mail_attys@biancopa.com		
	covers: (Choose one – t transactions which are			y file a separate report for	
X All reportable tra	nsactions occurring in t	he months prior to the r	eporting date relative to the	e following client:	
Apartment Ass					
OR	(Full Name of Client a	s it appears on the Lobbyi	st Registration Form)		
		t (including the lobbyis	t's family), or the lobbying	firm listed below which are	
IV. Date of Report Reports cover: acti	April 26, 2017 []	tion to 3/31/17 a	July 26, 2017 🛚 Xctivity from 4/1/17 to 6/30/17		
	October 25, 2017 activity from 7/1/17 to 9		January 31, 2018 activity from 10/1/17 to 12/31/	717	
V. There have bee If this box is checked Concord, NH 03301.	, complete just this forn	nd no reportable tra and submit it to the Se	nsactions made since the cretary of State's Office, S	he last report. 🏋 tate House, Room 204,	
VI. Check if additio	nal reports are attach	ed:			
If you have recei	ved fees or made expen	iditures, you must file A	Addendum A- Fees and Ex	xpenses	
If you have paid Expense Reimbursen		oursed expenses, you m	ust file <b>Addendum B</b> – Rep	port of Honorariums or	
If you, your firm	, or your family has ma	de political contribution	ns, you must file <b>Addendu</b>	m C- Political Contributions	
I have read RSA 15.	pest of my k <del>no</del> wledige a	and RSA 664 and hereb	y swear or affirm that the f	Foregoing information is true  Output	
Adam Schmid	lt				

## 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/Aff	ĭrma	tion	by L	obbyist
Statem	ent of	Income	and i	Expe	nses	for:

Name of Lobbying partnership, firm, or corporatio	n; Bianco Professional Association						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Apartment Association of NH							
Date of Report (check one):							
April 26, 2017 □ July 26, 2017 ▼ Od	ctober 25, 2017 □ January 31, 2018 □						
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being						
Addendum A(s).							
Addendum B(s).							
Addendum C(s).							
I hereby swear or affirm that the foregoing inform complete to the best of my knowledge and belief.  (Signature of lobbyist)	nation on the Statement and each Addendum is true and						
(Signature of lobbyist)	(Date)						
Karen Soucy	_						
(Print Name of lobbyist)							