(Print Name of lobbyist)

#### HIRE

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JUL 21 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

ATE OF		STATE OF NEW HAMPSH
		2017 Statement of Income and E
KAALI		for LOBBYISTS
		(RSA Chapter 15)
111153	PLEASE PRINT	

	onal Association		
	of north angles (form on a summarism)		
10 CEHRE SREE	of partnership, firm or corporation)	d NH	03301
usiness Address: (Stree			(Zip Code
isiless Address: (Stree	.) (Town/City,	) (State)	(Zip Code
(Telephone)	(603) 226-0165	ie-mail_ <b>attys@b</b> i Fax)	ancopa.com
portable expense tran	ers: (Choose one – file separate re sactions which are not attributable ctions occurring in the months prior	ole to any one client).	-
Elliot Health Syst			
)R	Full Name of Client as it appears on the	e Lobbyist Registration Form)	
<del></del>	tions by the lobbyist (including the ar client.	lobbyist's family), or the lobbying	firm listed below
-	April 26, 2017 from date of registration to 3/31/17	July 26, 2017 X activity from 4/1/17 to 6/30/17	
	October 25, 2017	January 31, 2018 : activity from 10/1/17 to 12/31/	117
	o fees received and no reporta mplete just this form and submit it t		
l. Sheck if additional	<del>-</del> '		
If you have received	fees or made expenditures, you mu		
•	nonorarium or reimbursed expenses	s, you must file <b>Addendum B</b> – Rep	oort of Honorarium
•			

#### 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)

1773	
James J. Bianco, Jr., Adam Schmidt, Karen Schmidt,	oucy, Kathy Corey Fox, Thomas
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client Elliot Health System	Date 07/19/17
V. Fees Received  ndicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _11,420
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 y	b) \$ 20,000 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 34,420
f) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
C. Expenses:  cobbyist(s)/Lobbying partnerships, firms, or corporations are required to report to sees. 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 of expenses are to be reported in one of three categories of expenses: (a) the uring the reporting period for salaries, benefits, support staff, and office endividual expenses where the expenditure was of \$25.00 or less (for example unch where the cost was \$25.00 or less, purchase of a pen with a value of level in the enditorial expension of a ceremonial object given to a person being lobbided an itemized statement of each individual expenditure made during this report of an itemized statement of each individual expenditure made during this report of purpose not covered by (a) (for example: purchase of a meal with value eremonial object to be given to the subject of lobbying with a value greate estaurant expenses for a legislative reception). Expenses for honorariums ontributions will be 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 expenses; (b) the aggregate total of all le: meals purchased during a business ses than \$10 that is given to the person ed 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
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11,420
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
e) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,420
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) \$ _20,000
f) Total of all expenses year to date	f) \$31,420
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	07/19/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

. .

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

Sworn	Statement	Affirmati	ion by L	obbyist
Statem	ent of Inco	me and E	xpenses	for:

Name of Lobbying partners	hip, firm, or corpor	ration: Bianco Profess	onal Association
			corporation and not related to any
particular client): Elliot H	ealth System		
Date of Report (check one).	:		
April 26, 2017 □ Ju	ly 26, 2017 💆	October 25, 2017 🗆	January 31, 2018 □
			d Expenses described above, and imber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my keep the state of the best of my keep the state of lobbyist.			at and each Addendum is true and
Adam Schmidt			
(Print Name of lobbyist)			

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 p	partnership, firm, or corporation and not related to any
particular client): Elliot Health System	
Date of Report (check one):	

Date of Report (check o	one):			
April 26, 2017 □	July 26, 2017 🛚	October 25, 2017 🗆	January 31, 2018 □	
	ms submitted with the		nd Expenses described above umber of Addendum forms	
	n that the foregoing in my knowledge and bel	ief.	nt and each Addendum is true	ie and
(Signature of lobbyist)			(Date)	
Thomas Colantuo	no			

(Print Name of lobbyist)

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

Sworn	Staten	nent/Aff	irma	tion	by I	Lobbyi	st
Statem	ent of	Income	and	Expe	nse	s 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): Elliot Health System
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ☑ October 25, 2017 □ January 31, 2018 □
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.   Thursday  (Signature of lobbyist)  (Date)
Kathy Corey Fox
(Print Name of lobbyist)

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 partr	ership, firm, or corpo	oration: Bianco Profess	ional Association
			corporation and not related to any
particular client): Ellio	t Health System		
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 🕱	October 25, 2017 □	January 31, 2018 □
	ns submitted with th		nd Expenses described above, and umber of Addendum forms being
Addendum B(s)			
Addendum C(s)			
complete to the best of n		lief.	at and each Addendum is true and
(Signature of lobbyist)			(Date)
Karen Soucy			
(Print Name of lobbyist)			