

STATE OF NEW HAMPSHIRE



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I.Na me of Lobbyist(s)	homas Colantuono		
II. Name of lobbyist's pa	ertnorship firm or co	unamation if any	
	_	•	
	fessional Association artnership, firm or corporation)		
(Name of pa	arthership, firm or corporation)		
III. Name of Client			Date04/30/2014
Political Contributions			
	oution that is reportable	pursuant to RSA Chap	eter 664 paid on behalf of the
client/lobbyist and lobby			•
Full name of candidate:	Prescott	Russell	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is	s Seeking Senate
-			
	Kenney	Joe	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	100.00	(Frist Name)	(Widdle Name/Initial)
Amount of contribution \$ _	100.00		
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Morse	Chuck (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Morse (Last Name) 100.00	Chuck (First Name)	(Middle Name/Initial)

(If more than three contributions were made, report additional con	atributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and	by swear or affirm that the foregoing information belief.
Theres Colambian	5/5/14
Mans Colambian	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa	artnership, firm or co	rporation, if any:	
	essional Association artnership, firm or corporation)		
III. Name of Client			Date 04/30/2014
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Carson	Sharon	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate i	s Seeking Senate
Full name of candidate:			
ran name of canadate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _			
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ind contribution, provide	a description of the good	ls or services provided, and enter the actual cost is not known,
actual cost of the in-kind co enter an estimated value and	ind contribution, provide ntribution on the line abo I the word "estimate."	a description of the good	ls or services provided, and enter the ation. If the actual cost is not known,
actual cost of the in-kind co	ind contribution, provide	a description of the good	ls or services provided, and enter the ation. If the actual cost is not known, (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	0 0
(Signature of lobbyist)	5/5/14 (Date)
Thomas Colantuono (Print Name of lobbyist)	

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PLEASE PRINT

STATE OF NEW HAMPSHIRE

2014 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 05 2014

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	vist(s) I homas	Colantuono		
II. Name of lobby	vist's partnership, f	irm or corporation, if a	ny:	
Bianco Prof	essional Assoc	iation		
((Name of partnership,	firm or corporation)		
18 Centre		Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 225-717		(603) 226-0165		no@biancopa.com
(Telephor	ne)	(Fax)		
		one – file separate repor ch are not attributable t	ts for each client, OR you ma	y file a separate report for
reportable expens	se transactions will	ch are not attributable t	o any one chenc).	
☐ All reportable	transactions occurring	ng in the months prior to	the reporting date relative to the	e following client:
OP	(Full Name of C	lient as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>			1	C
unrelated to any pa	The second secon	obbyist (including the lob	byist's family), or the lobbying	firm listed below which are
IV. Date of Repor			July 30, 2014	
Reports cover:	activity from date of re	egistration to 3/31/14	activity from 4/1/14 to 6/30/14	
	October 29, 2 activity from 7/1/		January 28, 2015 activity from 10/1/14 to 12/31/	71.4
	activity from //1/	14 10 9/30/14	ucuvuy jrom 10/1/14 to 12/31/	14
	ed, complete just thi		transactions made since the Secretary of State's Office, St	
VI. Check if addit	tional reports are a	ttached:		
			ile Addendum A – Fees and Ex	penses
	id an honorarium or		u must file Addendum B – Rep	
		as made political contribu	utions, you must file Addendu	m C- Political Contributions
	/Affirmation by Lo 5. RSA 15-B and RS		or affirm that the foregoing int	formation is true and complete
to the best of my k	nowledge and belief	:		
Thanas C	Manhun.		5/5/14 (Date	
(Signature of lobb	pyist)		(Date	e)
Thomas Cola	antuono			
(Print Name of lot	bbyist)			