STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyis			chmidt; Karen Soucy;	Kathy Corey Fox;
II Name of Johnvi	Thomas Co	lantuono m or corporation, if an	X/*	
=	essional Associa	•	y .	
	Name of partnership. fir			
18 Centre S		Concord	NH	03301
Business Address:		(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone	<u>)</u>	(603) 226-0165 (Fax)	e-mail_attys@l	piancopa.com_
		e – file separate report are not attributable to		ay file a separate report for
		in the months prior to the	ne reporting date relative to t	he following client:
Elliot Health S				
OR	(Full Name of Clie	ent as it appears on the Lob	byst Registration Form)	
	ansactions by the lob ticular client.	byist (including the lobb	yist's family), or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: ac	April 26, 2017		July 26, 2017 activity from 4/1/17 to 6/30/13	7
	October 25, 20 activity from 7/1/17		January 31, 2018 (activity from 10/1/17 to 12/3)	1/17
	d, complete just this		transactions made since to Secretary of State's Office,	
VI. Check if additi	onal reports are att	ached:		
			e Addendum A—Fees and F	Expenses
	d an honorarium or re		ı must file Addendum B – Re	
•		made political contribu	tions, you must file Addend	um C- Political Contribution
I have read RSA 15	best of my knowled	-C and RSA 664 and he	reby swear or affirm that the LOL25	foregoing information is true 17 te)
(Print Name of lobl				

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
II. Name of Client Elliot Health System	Date10/25/17
W. Fees Received adicate the gross amount of all fees received from the client identified above a lobbying, including fees for services such as public advocacy, government actuding research, monitoring legislation, and related legal work. The growduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 5,789
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 ye	b) \$ 31,420
) Total of all fees received to date (Add lines a and b)	c) \$ <u>37,209</u>
) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
W. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reported. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximply not 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 less peing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this reporting purpose not covered by (a) (for example: purchase of a meal with value greater estaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the persor d with a value of \$25.00 or less); and rting period of greater than \$25.00 fo e of greater than \$25, purchase of a r 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. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$
	b) \$ 0
n a), of \$25 or less.	c) \$ 0

d) Total expenses for this reporting period	d) \$ <u>5,789</u>				
(Add lines a, b and c)					
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) \$ <u>31,420</u>				
f) Total of all expenses year to date	f) \$37,209				
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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 that the foregoing information is true and complete to the best of my knowledge and belief.					
	10/25/17				
(Signature of lobbyist)	(Date)				
James J. Bianco, Jr.					
(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	Staten	nent/Aff	irma	tion	by I	Lobby	ist
Statem	ent of	Income	and	Expe	ense	s 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		4- AA-# =:
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017 🔀	January 31, 2018 □
			d Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r	~ ~		ant and each Addendum is true and $\frac{\text{LOLLA (()}}{\text{(Date)}}$
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 partnership, firm, or corporation: Bianco Professional Association			
	the partnership, firm, or corporation and not related to any		
Date of Report (check one):			
April 26, 2017 □ July 26, 2017 □	October 25, 2017 🛛 January 31, 2018 🗆		
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being		
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie	rmation on the Statement and each Addendum is true and		
Thene, P Colantum.	10/19/17		
(Signature of lobbyist)	(Date)		
Thomas Colantuono			
(Print Name of Johnvist)			

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): Elliot Health System
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 X 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. (Signature of lobbyist) (Date)
(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 partne	bbying partnership, firm, or corporation: Bianco Professional Association			
			corporation and not related to any	
particular client): Elliot	Health System			
Date of Report (check on	e):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🛚	January 31, 2018 □	
the following Addendum submitted):			nd Expenses described above, and umber of Addendum forms being	
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm complete to the best of m			nt and each Addendum is true and	
(Signature of lobbyist)	-a		(Date)	
Kathy Corey Fox				
(Print Name of lobbyist)				