2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 27 2020

PLEASE PRINT 11

| I. Name of Lobbyist(s) | dam Schmi | dt |) DEF | NEW HAMPSHIRE |
|--|----------------------------------|--------------------------------------|--------------------|--------------------------|
| II. Name of lobbyist's partnership | , firm or corporation, if an | solutions | | |
| Name of partnershi | p, firm or corporation) | Dia tous | 124 | • |
| 4 Park Street | Suche 101 Con | reord N | 14 | 0330 |
| Business Address: (Street) | (Town/City) | (512 | (6) | (Zip Code) |
| (603 <u>785-4973</u> (Telephone) | (Fax) | e-mail | adam@j | strategies cou |
| III. This statement covers: (Choose reportable expense transactions w | | | R you may file | a separate report for |
| ☐ All reportable transactions occu | rring in the months prior to t | the reporting date rel | ative to the follo | owing client: |
| (Full Name o | f Client as it appears on the Lo | bbyist Registration For | m) | |
| All reportable transactions by the unrelated to any particular client. | e lobbyist (including the lob | byist's family), or the | e lobbying firm | listed below which are |
| IV. Date of Report April 29, 2 Reports cover: activity from date of | 020 fregistration to 3/31/20 | July 29, 202 activity from 4/1/20 | | • |
| October 28 activity from 7 | 3, 2020 🗹 1/1/20 to 9/30/20 | January 27, activity from 10/1/2 | | |
| V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N | this form and submit it to th | | | |
| VI. Check if additional reports ar | e attached: | | | |
| ☐ If you have received fees or ma | • | | _ | |
| ☐ If you have paid an honorarium Expense Reimbursement | or reimbursed expenses, yo | u must file Addend ı | ım B— Report o | f Honorariums or |
| If you, your firm, or your famil | y has made political contribu | utions, you must file | Addendum C- | Political Contributions |
| Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best/of thy kno | A 14-C and RSA 664 and he | ereby swear or affirm | that the forego | oing information is true |
| (Signature of lobbyist) (Print Name of lobbyist) | dt | | (Date) | |

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

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OCT 2 7 2020

| _ | . Name of Lobbyist(s) Adum Schmidt | NEW HAMPSHII |
|-----|---|-----------------------------|
| A. | I. Name of lobbyist's partnership, firm or corporation, if any: | |
| S – | (Name of partnership, firm or corporation) (Name of partnership, firm or corporation) | |
| . ц | II. Name of ClientDate | · |
| F | Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 p lient/lobbyist and lobbying firm, indicate the following: | aid on behalf of the |
| Fı | full name of candidate: Sente Republican PAC (Last Name) (First Name) (Mic | |
| | mount of contribution \$ 150 Office Candidate is Seeking | ddle Name/Initial) |
| | the contribution is an in-kind contribution, provide a description of the goods or service tual cost of the in-kind contribution on the line above for amount of contribution. If the stern an estimated value and the word "estimate." | e actual cost is not known, |
| Fu | ill name of candidate: Committee to Elect Hunce Republica (Last Name) (First Name) (Mid | ι ζ ldle Name/Initiai) |
| | mount of contribution \$Office Candidate is Seeking | |
| | the contribution is an in-kind contribution, provide a description of the goods or service tual cost of the in-kind contribution on the line above for amount of contribution. If the ter an estimated value and the word "estimate." | |
| Ful | Il name of candidate: telles Can (Last Name) (First Name) (Mide | fle Name/Initial) |
| Am | ~ (9 I) | Course |

| If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate." | f the goods or services provided, and enter the of contribution. If the actual cost is not known, |
|--|---|
| | |
| (If more than three contributions were made, report additional contributions of | on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby sweat is true and complete to the best of my knowledge and belief. | r or affirm that the foregoing information |
| (Signature of obbyist) | 10/26/20pg |
| Adm J. Schudt (Print Name of lobbyist) | (Date) |

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

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OCT 27 2020

| | Λ Γ | 11- | , , |
|--------------------------------|---------------------------------|---------------------------|--|
| I. Name of Lobbyist(s) | Adam Schn | no oli | NEW HAMPS DEPARTMENT O |
| II. Name of lobbyist's pa | ertnership, firm or co | rnoration if any | |
| | | | 1^ |
| Name of re | rtnership, firm or corporation) | atique Solu | TUNS |
| | and supplementation) | U | |
| III. Name of Client | | | Date |
| Political Contributions | | | |
| For each political contrib | ution that is reportable | pursuant to RSA Chap | pter 664 paid on behalf of the |
| client/lobbyist and lobbyi | ng firm, indicate the fo | ollowing: | - |
| | | | |
| | | | |
| Full name of candidate: | Budsell | Recina | |
| | | , | (Middle Name/Initial) |
| Amount of contribution \$ _ | <u> 160</u> | Office Candidate | s Seeking Solac Ta |
| If the contribution is an in-k | ind contribution manual- | - 4 | ds or services provided, and enter the |
| | | | |
| • | - | | |
| | | | |
| Full name of candidate: | FININCIA | Harold | |
| | (Last Name) | | (Middle Name/Initial) |
| Amount of contribution \$ | 100 | | Seeking Senato |
| • | | | |
| t the contribution is an in-ki | nd contribution, provide | a description of the good | s or services provided, and enter the |
| nter an estimated value and | midulion of the the 800/ | e for amount of contribu | s of services provided, and enter the stion. If the actual cost is not known |
| | | | |
| | | | |
| | | • | |
| | | | |
| ····· | | | |
| ull name of candidate: | Carson | Shuran | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| amount of contribution \$ | VOO | Office Candidate is | Sooking County |

| If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for any actual | of the goods or services provided, and enter the |
|--|---|
| actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate." | of contribution. If the actual cost is not known, |
| | |
| | |
| | |
| | |
| (If more than three contributions were made, report additional contributions | on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swe | ar or affirm that the foregoing information |
| is true and complete to the best of my knowledge and belief. | are or earnin max me foregoing information |
| NINK | # 1 · |
| JW YCA | 90/J6/DQDE |
| (Signature of lobbyist) | (Date) |
| Adam J. Salmudt | |
| (Print Name of lobbyist) | |
| | |
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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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OCT 27 2020

I. Name of Lobbyist(s) A dum Schmidt DEPARTMENT OF STATE

| III. Name of Client | | _ | Date |
|---|--|---|--|
| Political Contributions For each political contribution client/lobbyist and lobbyin | ation that is reportable | pursuant to RSA Chap ollowing: | ter 664 paid on behalf of the |
| Full name of candidate: _ | Guts us | (First Name) | (Middle Name/Initial) |
| | | • | s Seeking Pyeuricouci |
| viter an estimated value and | the word estimate. | | ation. If the actual cost is not know |
| · · | the word estimate. | | |
| · | Ruciondi | Denice | |
| Full name of candidate: | Raciondi (Last Name) | (First Name) | (Middle Name/Initial) Seeking Sevata |
| Full name of candidate: Amount of contribution \$ f the contribution is an in-kincural cost of the in-kind contribution contribution. | (Last Name) (Louding Contribution, provide a contribution on the line above | (First Name) Office Candidate is a description of the good | (Middle Name/Initial) Seeking For Services provided and enter the |
| Full name of candidate: Amount of contribution \$ f the contribution is an in-kinctual cost of the in-kind cont | (Last Name) (Louding Contribution, provide a contribution on the line above | (First Name) Office Candidate is a description of the good | (Middle Name/Initial) |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is an in-kir actual cost of the in-kind contenter an estimated value and the contribution is actual cost of the in-kind contenter an estimated value and the contribution is actual cost of the in-kind contenter an estimated value and the contribution is actual cost of the in-kind contenter an estimated value and the contribution is actual cost of the in-kind contenter and the contribution is actual cost of the cos | (Last Name) (Louding Contribution, provide a contribution on the line above | (First Name) Office Candidate is a description of the good | (Middle Name/Initial) Seeking For Services provided and enter the |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, |
|---|
| enter an estimated value and the word "estimate." |
| |
| |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.) |
| 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. |
| - Au GM 90/26/2020 |
| (Signature of lobbyist) (Date) |
| Adam J. Schnidt |
| (Print Name of lobbyist) |

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

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OCT 2 7 2020

NEW HAMPSHIRE PARTMENT OF STATE

| l. Name of Lobbyist(s) | Adam Schn | nidt | DEP | NEW HAMPSH PARTMENT OF |
|---|--|---------------------------|---------------------------------------|---------------------------|
| II. Name of lobbyist's pa | - · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| 7. Ov | ingle lac St. | al | (~ | |
| (Name of pa | rtnership, firm or corporation) | ategic Solve | tions | |
| III. Name of Client | | | Date | |
| Political Contributions For each political contributions client/lobbyist and lobbyist | ution that is reportable | pursuant to RSA Char | | nalf of the |
| Full name of candidate: _ | Whiting (Last Name) | Sector (First Name) | (Middle Name/I | nitial) |
| Amount of contribution \$ | 100 | Office Candidate i | s Seeking Selac | te |
| Full name of candidate: _ | | 3,hw | | |
| | (Last Name) | (First Name) | (Middle Name/Ir | |
| Amount of contribution \$ | 100 | Office Candidate is | Seeking Court A | Hou |
| of the contribution is an in-kin actual cost of the in-kind cont content an estimated value and t | nd contribution, provide tribution on the line above | a description of the good | (S OT Services provided |) and ana 45 |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/In | isial) |
| Amount of contribution \$ | 150 | Office Candidate is: | \sim 1 | L. |

| If the contribution is an in-kind contribution, provide a descripti actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "octimete". | on of the goods or services provided, and enter the |
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| enter an estimated value and the word "estimate." | ant of conditioning. If the actual cost is not known, |
| | |
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| | |
| (If more than three contributions were made, report additional contribut | tions on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist | · |
| have read RSA 15, RSA 15-B and RSA 664 and hereby s | Wear or affirm that the foregoing information |
| s true and complete to the best of my knowledge and belie | of. |
| | dh /1/-/2022 |
| (Signature of loppyist) | 1014012015 |
| Albu 7 St. 1L | (Date) |
| (Print Name of lobbyist) | |
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