

I. Name of Lobbvist(s)

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 27 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Adam J. Schmidt

II. Name of lobbyist's partnership, firm or corporation, if any: J. Grimbilas Strategic Solutions, LLC (Name of partnership, firm or corporation) 4 Park NH 03301 Concord Street Business Address: (Street) (Town/City) (State) (Zip Code) 603 785-4973 adam@jgstrategies.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 27, 2022 July 27, 2022 activity from date of registration to 3/31/22 Reports cover: activity from 4/1/22 to 6/3 October 26, 2022 January 25, 2023 activity from 7/1/22 to 9/30/22activity from 10/1/22 to 12/31/22 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement ✓ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the be of my knowledge and belief. 7/27/22 (Signature of lbbbyist) (Date) Adam J. Schmidt (Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)ADA	AM J. SCHMIDT		
II. Name of lobbyist's partne	rship, firm or corpor	ation, if any:	i
J. Grimbilas Strategic Sc	olutions, LLC		
•	hip, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying fi	n that is reportable pur	suant to RSA Chapto	er 664 paid on behalf of the
Full name of candidate: Cor	mmittee to Elect	House Demo	Crats (Middle Name/Initial)
	,	` ,	· ·
Amount of contribution \$ 100	Offic	e Candidate is Seeking	g
enter an estimated value and the		ican PAC	
Tun hame or candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	Of	fice Candidate is Seek	ing
If the contribution is an in-kind c	ontribution, provide a deution on the line above for	escription of the goods	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	Sharon Carson	for State Ser	nate
•	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	Of	fice Candidate is Seek	ing

actual	contribution is an in-kind contribution, provide a description of the in-kind contribution on the line above for amount estimated value and the word "estimate."	
		·····
(If mor	e than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Swor	n Statement/Affirmation by Lobbyist	
	e read RSA 15, RSA 15-B and RSA 664 and hereby and complete to the best of my knowledge and beli	
	defeat	7/27/22
(Sign	lature of lobbyist)	(Date)
Adar	m J. Schmidt	
(Prin	t Name of lobbyist)	

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I. Name of Lobbyist(s) ADA	AM J. SCHMID	<u> </u>	
II. Name of lobbyist's partne	ership, firm or co	rporation, if any:	
J. Grimbilas Strategic Sc	olutions, LLC		
(Name of partners	hip, firm or corporation)		
III. Name of Client			_Date
Political Contributions			
For each political contribution			664 paid on behalf of the
client/lobbyist and lobbying f	irm, indicate the fo	ollowing:	
			
loc	Kenney for	Executive Council	
Full name of candidate: Joe	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100			
Amount of contribution \$		Diffice Candidate is Seeking _	· · · · · · · · · · · · · · · · · · ·
If the contribution is an in-kind of	contribution, provide	e a description of the goods or	services provided, and enter the a. If the actual cost is not known,
enter an estimated value and the		ove for amount of contribution	i. If the actual cost is not known,
	· · ·		
,			
Full name of candidate: Jim	Grav for Sta	te Senate	
ruii name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100		Office Candidate is Seeking	,
•			
If the contribution is an in-kind cartial cost of the in-kind contrib	ontribution, provide	e a description of the goods or	services provided, and enter the a. If the actual cost is not known,
enter an estimated value and the		To lot amount of contribution	i. If the actual cost is not known,
<u> </u>			
Full name of candidate:	Friends of	Jeb Bradley	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 150		Office Candidate is Seeking	

actual cost of the in-kind contribution, provide a descr enter an estimated value and the word "estimate."	
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contributions)	ributions 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 be	•
HUKAN	7/27/22
(Signature of loubyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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II. Name of lobbyist's partn	ership, firm or corpo	ration, if any:	
J. Grimbilas Strategic S	olutions, LLC		
	ship, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate: Co	ommittee to Elec		
100	` '		(Middle Name/Initial)
Amount of contribution \$ 100	′ Offi	ce Candidate is Seeki	ng
enter an estimated value and the	e word "estimate."		ution. If the actual cost is not known,
Full name of candidate: Co	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	•	•	eking
If the contribution is an in-kind	contribution, provide a coutribution on the line above	lescription of the good	ds or services provided, and enter the ution. If the actual cost is not known,
Eall name of a 1114	Friends of	Howard Pear	I for State Senate
Full name of candidate:	(Last Name)		
	(Last Name)	(First Name)	(Middle Name/Initial)

· •	ve 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 addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
	nd hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledg	e and belief.
HALF H	7/27/22
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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II. Name of lobbyist's parti	iership, firm or c	orporation, if any:	
J. Grimbilas Strategic S	Solutions, LLC		
(Name of partne	rship, firm or corporation	n)	
III. Name of Client		· · · · · · · · · · · · · · · · · · ·	Date
Political Contributions For each political contributical contributical client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate: Te	ed Gatsas for	Executive Counc	sil
200	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 200	J 	Office Candidate is Seeki	ng
Full name of candidate:	e word "estimate."		ution. If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
			king
If the contribution is an in-kind actual cost of the in-kind contribution actual cost of the in-kind contributer an estimated value and the	bution on the line al	le a description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Vote Tim La	ang	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50		Office Candidate is See	

ım C forms.)
he foregoing information
no lorogoing information
7/22
(Date)

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