

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist	(s) Adam Schmidt		<u></u>	- LANDSHIPE
II. Name of lobbyist	NEW HAMPSHIRE DEPARTMENT OF STATE			
-	ional Association			
(Na	me of partnership, firm or corp	oration)		
18 Cent	re Street	Concord	NH	03301
	treet)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603) 2	226-0165	e-mail aschmid	t@biancopa.com
(Telephone)		(Fax)		
reportable expense t	overs: (Choose one – file s ransactions which are not nsactions occurring in the m	attributable to any	y one client).	y file a separate report for e following client:
	(Full Name of Client as it a	opears on the Lobbyis	t Registration Form)	
OR ✓ All reportable tran unrelated to any partic		cluding the lobbyist	's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 vity from date of registration to	o 3/31/18 aci	July 25, 2018	
	October 31, 2018 20 activity from 7/1/18 to 9/30/1	8 ac	January 30, 2019 [] tivity from 10/1/18 to 12/31/	718
	n no fees received and n complete just this form and			
VI. Check if addition	nal reports are attached:			
	ved fees or made expenditur	es, you must file Ac	idendum A- Fees and Ex	penses
☐ If you have paid a Expense Reimbursem	an honorarium or reimburse ent	d expenses, you mu	st file Addendum B – Rep	oort of Honorariums or
If you, your firm,	or your family has made po	olitical contributions	s, you must file Addendu	m C- Political Contributions
I have read RS # 15, F	firmation by Lobbylst RSA-15-B, RSA-14-C and R est of my knowledge and be		swear or affirm that the fo	oregoing information is true
The state of the s			August 24, 201	8
(Signature of lobbyis	t)		(Date	e)
Adam Schmidt	18 			
(Print Name of lobby	rist)			

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Ada	m J. Schmidt			
II. Name of lobbyist's part	nership, firm or co	rporation, if any:		
Rianco Profes	sional Association			
	ership, firm or corporation)			
III. Name of Client		Date		
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the	
Full name of candidate:	Sununu	Chris		
_	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 100.00		Office Candidate i	s Seeking Governor	
Full name of candidate:				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$				
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	e a description of the good ove for amount of contrib	ds or services provided, and enter tution. If the actual cost is not known	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$				

actual cost of the in-kind contribution on the line above function an estimated value and the word "estimate."	escription of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
mer an estimated value and the word estimate.	
If more than three contributions were made, report additional c	contributions on separate addendum C forms.)
Same of State of the State of t	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he	ereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge an	nd belief.
	August 24, 2018
PSVW	
(Signature of lopbyist)	(Date)
	(Date)
(Signature of lobbyist) Adam J. Schmidt (Print Name of lobbyist)	(Date)