

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for L'OBBYISTS (RSA Chapter 15) RECEISO

OCT 2 3 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Adam J. Schmidt

I. Name of Lobb	y181(8)				
	yist's partnership, firm	-	· -		
J. Grimbil	as Strategic S	=	LLC		
4.5	(Name of partnership, firm			00001	
1 Park	Street Suite1			03301	
usiness Address:	(Street)	(Town/Ci		(State)	(Zip Code)
603 7	785-4973 ₍	_չ adam	@	_{e-mail} jgstrate	gies.com
(Telepho	one)	,	(Fax)		
	ent covers: (Choose one				file a separate report f
eportable exper	nse transactions which a	re not attribut	able to any one	e client).	
All reportable	e transactions occurring in	n the months pri	or to the report	ing date relative to the f	ollowing client
T .m reperment	, administrations in	a div mondis pri	or to the report	ing date folditive to the r	onowing chem.
	(Full Name of Clien	t as it annears on t	the Lobbuist Rea	istration Form)	
)R	(Full Name of Chem	t as it appears on	nie Lobbyist Reg	istiation Form)	
-	transactions by the lobby	vist (including th	ne lobbyist's far	nily), or the lobbying fi	rm listed below which a
	particular client.		•		
	Г	\neg			
V. Date of Reponsive terminates VIII in the North Cover:	ort April 26, 2023 activity from date of regista			July 26, 2023 y from 4/1/23 to 6/30/23	
eports cover.	October 25, 2023			wary 31, 2024	
	activity from 7/1/23 to 9,	/30/23		om 10/1/23 to 12/31/23	
There have	been no fees received	and no rener	table transcess	tions made since the	lost report
f this box is chec	cked, complete just this fo m 204, Concord, NH 033	rm and submit i			
I. Check if add	litional reports are attac	ched:			
	eceived fees or made exp		nust file Adde n	dum A– Fees and Expe	enses
	paid an honorarium or rei	mbursed expens	es, you must fil	e Addendum B- Repor	rt of Honorariums or
Expense Reimbur				<u>.</u>	
If you, your	firm, or your family has r	nade political co	ontributions, yo	u must file Addendum	C– Political Contribution
Swam Statomon	st/Affirmation by Labby	nint.			
	ıt/ Affirmation by Lobby 15, RSA 15-B, RSA 14-0		and hereby swe	ar or affirm that the for	egoing information is tr
	the best of my knowledge		•		- -
Adal	1 Sellt			KOK 186101	· ~ ·
(Signature of loc	phyist)		_	(Date)	
$\Delta I = \frac{1}{2}$	£ (1) 1+				
Print Name of le	oppist)				

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Adam J. Schmidt		
II. Name of lobbyist's p	artnership, firm or c	orporation, if any:	
J. Grimbilas Strateg	-	•	
	partnership, firm or corporation	1)	
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportabl	le pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	state Senate
Eull name of candidate:		Lou	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
		Office Candidate is Seeking	State Senate
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	ontribution on the line al	de a description of the goods or bove for amount of contribution	services provided, and enter th If the actual cost is not know
Full name of candidate:	O'Brien	Mike	
Full name of candidate:	O'Brien (Last Name)	Mike (First Name)	(Middle Name/Initial) Alderman

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. (Signature of followist) (Date) (Print Name of lobbyist)

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