(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECZIVED

APR 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s	o <u>Alam</u> S	chmidt	DEPARTMENT OF
II. Name of lobbyist's	partnership, firm or corporation	on, if any:	
S. C.	e of partnership, firm or corporation)	egic Solutions	,LLC
Business Address: (Stre	Street Con	word NH	(Zip Code)
(603) 795-9 (Telephone)	(473 ()	e-mail <u>a du u</u>	n 60) 9 strategies con
	vers: (Choose one – file separat ansactions which are not attrib	e reports for each client, OR you nutable to any one client).	nay file a separate report for
☐ All reportable trans	actions occurring in the months p	orior to the reporting date relative to	the following client:
	(Full Name of Client as it appears o	n the Lobbyist Registration Form)	1807
OR ☐ All reportable transaunrelated to any particular.	, , ,	the lobbyist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: activi	April 28, 2021 DY ty from date of registration to 3/31/2	July 28, 2021	21
4	October 27, 2021 activity from 7/1/21 to 9/30/21	January 26, 2022 ☐ <i>activity from 10/1/21 to 12/</i> 3	
V. There have been If this box is checked, c State House, Room 204	complete just this form and submi	ortable transactions made since it it to the Secretary of State's Office,	the last report. 107 North Main Street,
VI. Check if additiona	al reports are attached:		
•	-	must file Addendum A- Fees and	
Expense Reimburseme		nses, you must file Addendum B - F	teport of Honorariums of
		contributions, you must file Addend	lum C- Political Contributions
	SA 15-B, RSA 14-C and RSA 66 st of my knowledge and belief.	4 and hereby swear or affirm that the	e foregoing information is true

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

APR 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

	Adam Sch		
II. Name of lobbyist's part	tnership, firm or corporation,	if any:	
3. Gv	reship, firm or corporation)	ic Solutio	ns L1.(
(Name of partr	iership, firm or corporation)		7
II. Name of Client		Date	, <u>,</u>
	ion that is reportable pursuant to g firm, indicate the following:	RSA Chapter 664 paid	d on behalf of the
	Friends of Bill (Last Name) (First		
Amount of contribution \$	Office	e Candidate is Seeking	House of Represent
	d contribution, provide a description in the line above for amound the word "estimate."		
Full name of candidate:	(Last Name) (First	State Scrate Name) (Midd	le Name/Initial)
Full name of candidate:	Clast Name) Gffice Office	State Schatte Name) (Middle Candidate is Seeking	le Name/Initial) Seua te
Amount of contribution \$ f the contribution is an in-kin actual cost of the in-kind cont	Clast Name) (First Office of contribution, provide a description of the line above for amount word "estimate."	e Candidate is Seeking on of the goods or services int of contribution. If the	Senate s provided, and enter the
Amount of contribution \$ f the contribution is an in-kin actual cost of the in-kind cont	Office d contribution, provide a description on the line above for amounts.	e Candidate is Seeking on of the goods or services ant of contribution. If the	Senate s 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."
enter an estimated varue 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.
Hdy Sdel 4/26/2021
(Signature of lobby st) (Date)
(Print Name of lobbyist)



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

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APR 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

P. I. Name of Lobbyist(s)	Holum Zhuidt
II. Name of lobbyist's par	tnership, firm or corporation, if any:
S. G. (Name of part	rimbilas Stratesic Solutions LLC nership, firm or corporation)
III. Name of Client	
Political Contributions For each political contributions	tion that is reportable pursuant to RSA Chapter 664 paid on behalf of the g firm, indicate the following:
Full name of candidate:	(Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking Sewill
enter an estimated value and t	te word estimate.
Full name of candidate:	(Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking Scrate
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide a description of the goods or services provided, and enter the ibution on the line above for amount of contribution. If the actual cost is not because
Full name of candidate:	Shavon Carson for State Senate (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking Seval

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 lobby st) (Date)
(Signature of lobbyist) (Date) (Print Name of lobbyist)

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

APR 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's part	narchin firm or con	16	
S (mersuip, firm or cor	oration, if any:	
(Name of partn	ership, firm or compension)	rulegic Sol	udions, LLC
			/
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbying	g firm, indicate the fol	ursuant to RSA Chapter owing:	664 paid on behalf of the
Full name of candidate:			
Amount of contribution \$	100	Office Candidate is Sec	eking Solacit
enter an estimated value and th	e word "estimate."		a. If the actual cost is not know
Full name of candidate:	Kevin (Lasi Name)	Avaid for S	Lute Seucte (Middle Name/Initial)
		A Vac dov S (First Name) Office Candidate is See	
mount of contribution \$ the contribution is an in-kind contribution is an in-kind contribution is an in-kind contribution contribution.	contribution, provide a bution on the line above	Office Candidate is See	
mount of contribution \$ f the contribution is an in-kind contribution is an in-kind contribution is an in-kind contribution is an in-kind contribution.	contribution, provide a bution on the line above	Office Candidate is See	services provided and enter th
Full name of candidate: Amount of contribution \$ f the contribution is an in-kind ctual cost of the in-kind contrinter an estimated value and the contribution is an estimated value and the contribution is an in-kind contribution in the contribution in the contribution is an in-kind contribution in the contribution in the contribution is an in-kind contribution in the contribution in the contribution is an in-kind contribution in the contribution i	contribution, provide a bution on the line above word "estimate."	Office Candidate is See	services provided and enter th

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 lobbyist) (Print Name of lobbyist)



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

P I. Name of Lobbyist(s)	Adav	n Schwid	+
II. Name of lobbyist's pa	rtnership, firm or co	ornoration if any	
5 6	viusbilas S	June 1	Polutions, LLC
(Name of pa	rtnership, firm or corporation)	CIUTIONS, LLC
III. Name of Client			Date
Political Contributions			
client/lobbyist and lobbyi	ition that is reportable ng firm, indicate the f	e pursuant to RSA Cha following:	pter 664 paid on behalf of the
Full name of candidate: _	Last Name)	Ricciaudi (First Name)	for State Severtle (Middle Name/Initial)
Amount of contribution \$	160	Office Candidate	is Seeking Sourte
actual cost of the in-kind con enter an estimated value and	illibution on the line abo	e a description of the goo	ods or services provided, and enter the pution. If the actual cost is not known,
Full name of candidate:	Evin He	Phin Clar So (First Name)	V Strate Source (Middle Name/Initial)
Amount of contribution \$	(OV)	Office Candidate is	s Seeking Secat
If the contribution is an in-kir	nd contribution, provide ribution on the line abo	a description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking

enter an estimated value and the word "estimate."	e for amount of contribution. If the actual cost is not kno
If more than three contributions were made, report additional	l contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and strue and complete to the best of my knowledge a	hereby swear or affirm that the foregoing informational belief.
Jul Sold	4/26D021
(Signature of lobbyist)	(Date)
Adur Schied	