

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



PLEASE PRINT

I. Name of Lo	bbyist(s) Adam	Schmidt		
II. Name of lo	bbyist's partnership,	firm or corporation, if any:		
	las Strategic S			
<del></del>	(Name of partnership		·	
4 Park	Street	Concord	NH	03301
Business Addres	ss: (Street)	(Town/City)	(State)	(Zip Code)
, 603	785-4973	( )	e-mail adam@jgs	trategies.com
(Tele	phone)	(Fax)		<del></del>
reportable ex	pense transactions wl	one — file separate reports for one ich are not attributable to any oring in the months prior to the rep	one client).	
		Client as it appears on the Lobbyist I		
	ny particular client.  eport April 27, 20	registration to 3/31/22 activ 2022	family), or the lobbying  July 27, 2022  ity from 4/1/22 to 6/30/22  January 25, 2023  vity from 10/1/22 to 12/31/2	
If this box is ci		ived and no reportable trans his form and submit it to the Secre If 03301.		
	idditional reports are			
	e paid an honorarium	e expenditures, you must file Ado or reimbursed expenses, you must		
<u> </u>		has made political contributions,	you must file <b>Addendur</b>	m C- Political Contributions
I have read RS	nent/Affirmation by I SA 15, RSA 15-B, RSA to the best of my know	14-C and RSA 664 and hereby s	wear or affirm that the fo	oregoing information is true
HM	SU		4/26/2022	
(Signature of	lobbyist)		(Date	e)
Adam Sc	hmidt			
(Print Name o	of lobbyist)			

I. Name of Lobbyist(s)	Adam Schmidt	·	
II. Name of lobbyist's pa	artnership, firm or co	orporation, if any:	
J. Grimbilas Strategi			
	artnership, firm or corporation	)	
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby		e pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Donna Soucy	(First Name)	(Middle Name/Initial)
		•	
Amount of contribution \$ _		Office Candidate is Seeking S	
Full name of candidate:		ald	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100	Office Candidate is Seeking	State Senate
If the contribution is an in-	kind contribution, provident		services provided, and enter the If the actual cost is not known,
	Regina Bird	Isell	
Full name of candidate:	Regina Bird	Sell (First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional con	tributions 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	•
ACU SU	4/26/22
(Signature of lobbyist)	(Date)
Adam Schmidt	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) A	dam Schmidt				
II. Name of lobbyist's par	tnership, firm or co	orporation, if any:			
A J. Grimbilas Strategic Solutions, LLC					
_	tnership, firm or corporation	)			
III. Name of Client			Date		
Political Contributions For each political contributions client/lobbyist and lobbyist			er 664 paid on behalf of the		
Full name of candidate:	(Last Name)	•	(Middle Name/Initial)		
Amount of contribution \$	00	Office Candidate is Seeking	state Senate		
actual cost of the in-kind cor enter an estimated value and	tribution on the line al the word "estimate."		s or services provided, and enter the tion. If the actual cost is not known,		
Full name of candidate:	Ruth Ward				
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seek	(Middle Name/Initial)  State Senate		
If the contribution is an in-ki	nd contribution, provid atribution on the line al	de a description of the goods	s or services provided, and enter the tion. If the actual cost is not known.		
Full name of candidate:	Kevin Ava	ard			
_					
Amount of contribution \$ 1	(Last Name)	(First Name)	(Middle Name/Initial)  State Senate		

actual cost of the in-kind contribution on the line above for an	, , ,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	
HOUNCE	4/26/22
(Signature of lobbyist)	(Date)
Adam Schmidt	
(Print Name of lobbyist)	

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# 1116 S

### STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) _	Adam Schmidt				
II. Name of lobbyist's	partnership, firm or co	orporation, if any:			
J. Grimbilas Strategic Solutions, LLC					
(Name of	f partnership, firm or corporation	)			
III. Name of Client			Date		
Political Contribution For each political contr		e pursuant to RSA Chapter 6	64 paid on behalf of the		
client/lobbyist and lobb	bying firm, indicate the	following:	-		
Full name of candidate	Bob Giuda				
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$	; <u>100                                   </u>	Office Candidate is Seeking S	tate Senate		
	contribution on the line ab		services provided, and enter the . If the actual cost is not known,		
	: Denise Ricciaro	(First Name)	(Middle Name/Initial)		
Amount of contribution \$	;	Office Candidate is Seeking			
	contribution on the line al		services provided, and enter the . If the actual cost is not known,		
	D: 0-				
Full name of candidate			Offidia Name (Fried N		
Full name of candidate  Amount of contribution \$	(Last Name)	OF (First Name) Office Candidate is Seeking	(Middle Name/Initial) State Senate		

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 co	ntributions on separate addendum C forms			
Sworn Statement/Affirmation by Lobbyist	nurbunous on separate addendam o forms.)			
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and				
	4/26/22			
(Signature of lobbyist)	(Date)			
Adam Schmidt				
(Print Name of lobbyist)				

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### STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)	Adam Schmidt	<del></del>	
II. Name of lobbyist's j	partnership, firm or c	orporation, if any:	
J. Grimbilas Strate	gic Solutions, LLC	•	
•	partnership, firm or corporation	1)	
III. Name of Client	•		Date
<b>Political Contribution</b> For each political contr		le pursuant to RSA Chapter 6	664 naid on behalf of the
client/lobbyist and lobb	_		or paid on bonair or the
Full name of candidate	David Watters		
ruii name of candidate	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seeking	State Senate
Milouitt of Courtbution a		Office Candidate is Seeking _	
	contribution on the line a		services provided, and enter the . If the actual cost is not known,
	<u></u>		
	•		
Full name of candidate	. Becky Whitley		
T un nume of cundiquie	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	State Senate
mount of contribution \$		Office Candidate is beening	
			services provided, and enter the a. If the actual cost is not known,
enter an estimated value		bove for amount of contribution	i. If the actual cost is not known,
Full name of candidate	. Rebecca Perkins	s Kwoka	•
	•		
	(Last Name)	(First Name)	(Middle Name/Initial) State Senate

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<u></u>	·
(If more than three contributions were made, report addition	onal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
·	nd hereby swear or affirm that the foregoing informa
·	ge and belief.
I have read RSA 15, RSA 15-B and RSA 664 an	and hereby swear or affirm that the foregoing informage and belief.  4/26/22 (Date)

# 11111 O

### STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Ada	im Schmiat						
II. Name of lobbyist's partn	ership, firm or co	orporation, if any:					
E II. Name of lobbyist's partnership, firm or corporation, if any:  A S J. Grimbilas Strategic Solutions, LLC							
(Name of partnership, firm or corporation)							
III. Name of Client			Date				
Political Contributions For each political contribution client/lobbyist and lobbying			64 paid on behalf of the				
Full name of candidate: Ja	y Kahn (Last Name)	(First Name)	(Middle Name/Initial)				
Amount of contribution \$ 100	)	Office Candidate is Seeking S	tate Senate				
If the contribution is an in-kind actual cost of the in-kind contril enter an estimated value and the	bution on the line al		services provided, and enter the If the actual cost is not known,				
Full name of candidate: Ke	evin Cavanau (Last Name)	gh (First Name)					
		(Prist Patrie)	(Middle Name/Initial)				
Amount of contribution \$ 100	)	•					
If the contribution is an in-kind	contribution, provid	Office Candidate is Seeking	•				
If the contribution is an in-kind actual cost of the in-kind contri	contribution, provid	Office Candidate is Seeking	State Senate services provided, and enter the				
If the contribution is an in-kind actual cost of the in-kind contri	contribution, provid	Office Candidate is Seeking le a description of the goods or pove for amount of contribution.	State Senate 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 con	itributions 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	,			
HMUM	4/26/22			
(Signature of lobbyist)	(Date)			
Adam Schmidt				
(Print Name of lobbyist)				

I. Name of Lobbyist(s)	Adam Schmidt			
II. Name of lobbyist's	partnership, firm or c	orporation, if any:		
J. Grimbilas Strategic Solutions, LLC				
(Name of	partnership, firm or corporation	n)		
III. Name of Client				
Political Contribution For each political contr client/lobbyist and lobb	ibution that is reportable	le pursuant to RSA Chapter 6 following:	664 paid on behalf of the	
Full name of candidate	· (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is Seeking	State Senate	
actual cost of the in-kind enter an estimated value a	and the word "estimate."	bove for amount of contribution	a. 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	State Senate	
If the contribution is an ir	n-kind contribution, provi		services provided, and enter the n. If the actual cost is not known,	
Full name of candidate	:(Last Name)	(First Name)	(Middle Name/Initial)	
A	,	,	•	
Amount of contribution \$		Office Candidate is Seeking	r S	

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	
HOWAG	4/26/22
(Signature of lobbyist)	(Date)
Adam Schmidt	
(Print Name of lobbyist)	

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