I. Name of Lobbyist(s) _

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 22 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

Adam Schmidt

PLEASE PRINT

		o, firm or corporation, if any:		
J. Grimbila		Solutions, LLC		
4 Park Street	Suite 1	Concord	NH	03301
Business Address:		(Town/City)	(State)	(Zip Code)
	85-4973	(adam@iost	rategies.com
()(Teleph	one)	()	e-mail	
reportable expe	nse transactions w	se one – file separate reports for thich are not attributable to an	ny one client).	•
——————————————————————————————————————		rring in the months prior to the n		following client:
		e lobbyist (including the lobbyis	t's family), or the lobbying	firm listed below which are
	ctivity from date of re October 30, activity from 7/1/2	, 2024	July 31, 2024 January 29, 2025 vity from 10/1/24 to 12/31/24 nsactions made since the	e last report.
	cked, complete just t m 204, Concord, N	this form and submit it to the Se IH 03301.	cretary of State's Office, 10	7 North Main Street,
	litional reports are			
If you have p Expense Reimbu	oaid an honorarium rsement	de expenditures, you must file A or reimbursed expenses, you m	ust file Addendum B – Repo	ort of Honorariums or
I have read RSA and complete to the complete t	the best If my know byist) chmidt	A 14-C and RSA 664 and hereb	y swear or affirm that the for 4/22/2024 (Date)	
(Print Name of le				

I. Name of Lobbyist(s)	Adam Schmidt		
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
J. Grimbilas Strateg	ic Solutions, LLC		
	partnership, firm or corporation)	 -	-
III. Name of Client			Date
Political Contributions	bution that is reportable	pursuant to RSA Chapte	er 664 paid on behalf of the
Full name of candidate:	Rebecca Perkins	s Kwoka for NH	(Middle Name/Initial)
Amount of contribution \$ _	C	Office Candidate is Seeking	g
	ontribution on the line abo		or services provided, and enter the cion. If the actual cost is not known,
Full name of candidate:	Committee to Ele	ect Donna Soucy	,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is Seek	ing
If the contribution is an in-	kind contribution, provide ontribution on the line abo	a description of the goods	s or services provided, and enter the tion. If the actual cost is not known,
TO 11 / 11 / 11 / 11 / 11 / 11 / 11 / 11	Friends of	Cindy Roser	nwald
Full name of candidate:	Friends of (Last Name)	Cindy Roser	Nwald (Middle Name/Initial)

(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)

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I. Name of Lobbyist(s) Ac	lam Schmidt		
II. Name of lobbyist's part	mership, firm or corp	oration, if any:	
J. Grimbilas Strategic	-		
	nership, firm or corporation)		-
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying	-	_	664 paid on behalf of the
Full name of candidate:	riends of Becky	Whitley	
	(Last Name)	,	(Middle Name/Initial)
Amount of contribution \$ 10	00.00 of	fice Candidate is Seeking _	
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov he word "estimate."	e for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
ruil name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seeking	3
If the contribution is an in-kin	d contribution, provide a	description of the goods or	services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	Friends of	Shannon Chai	ndley
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seeking	_

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. 433004
(Signature of lobbylist) (Date) (Print Name of lobbylist)

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)	Adam Schmidt		
II. Name of lobbyist's pa	artnershin, firm ar c	ornoration, if any:	
J. Grimbilas Strategi		or portuion, ir any.	
	artnership, firm or corporation)	
III. Name of Client		•	Date
Political Contributions For each political contributions client/lobbyist and lobby			ter 664 paid on behalf of the
Full name of candidate:	Friends of How	ard Pearl (First Name)	(Middle Name/Initial)
Amount of contribution &		Office Condidate in Contri	ng
Amount of contribution \$ _		Office Candidate is Seekii	ıg
actual cost of the in-kind co	ontribution on the line ald the word "estimate."	pove for amount of contribu	is or services provided, and enter tution. If the actual cost is not known
Full name of candidate:	Gray 4 NH Sen	(First Name)	(Middle Name/Initial)
Amount of contribution \$	•	` '	king
If the contribution is an in-	kind contribution, provion	de a description of the good	ds or services provided, and enter tution. If the actual cost is not know
	Vote Time	Land	
Full name of candidate:	Vote Time		(Middle Name/Initial)
	Vote Time (Last Name) 100.00	(First Name) Office Candidate is See	(Middle Name/Initial)

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.)
(12 more with anot continued with made, report additional conditions on sopulate additional C 101118.)
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)

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P	, , 	m Schmidt		
L E		ership, firm or co	rporation, if any:	
A	· -		reportation, it may	
S E		hip, firm or corporation		
P	III. Name of Client			Date
R I N T	Political Contributions For each political contribution	n that is reportable irm, indicate the t	e pursuant to RSA Chap following:	oter 664 paid on behalf of the
	Full name of candidate: Frie	ends of Regi	na Birdsell (First Name)	(Middle Name/Initial)
	Amount of contribution \$ 100	.00	Office Candidate is Seeki	ng
	If the contribution is an in-kind of	contribution, providution on the line ab	e a description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
	Full name of candidate: Frie	ends of Dan		
	Amount of contribution \$ 100.	(Last Name)	(First Name) Office Candidate is See	(Middle Name/Initial)
	If the contribution is an in-kind cactual cost of the in-kind contribuenter an estimated value and the	ution on the line ab	ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
•				
	Full name of candidate:	Keith Murphy fo	r NH	
		(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 100.	00	Office Candidate is See	,

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) (Date)

I. Name of Lobbyist(s) _	Adam Schmidt	· · · · · ·		
II. Name of lobbyist's p	partnership, firm or c	corporation, if any:		
J. Grimbilas Strategic Solutions, LLC				
	partnership, firm or corporatio	n)		
III. Name of Client			Date	
Political Contributions For each political contri client/lobbyist and lobb	bution that is reportab		er 664 paid on behalf of the	
Full name of candidate:	Sue Prentiss fo	or Senate (First Name)	(Middle Name/Initial)	
Amount of contribution \$			5	
enter an estimated value a	nd the word "estimate."		tion. If the actual cost is not known,	
Full name of candidate:	(Last Name)	(First Name)	(Natidalis No. 11 and 12 and 13	
Amount of contribution \$			(Middle Name/Initial)	
If the contribution is an in- actual cost of the in-kind of	kind contribution, provi	de a description of the goods bove for amount of contribut	or services provided, and enter the ion. If the actual cost is not known,	
run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	100 00	Office Candidate is Seek	-	

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)

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I. Name of Lobbyist(s)	Adam Schmidt	<u> </u>		
II Name of Johnwict's no	ertnarshin firm or a	ernoration if any		
II. Name of lobbyist's partnership, firm or corporation, if any:				
J. Grimbilas Strategi	C SOIUTIONS, LLC			
•		,		
III. Name of Client		 -	Date	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:				
Full name of candidate:	Kevin Avard for	Senate	(Middle News (Calaba)	
			(Middle Name/Initial)	
Amount of contribution \$ _		Office Candidate is Seeki	ng	
Full name of candidate:				
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _		Office Candidate is See	eking	
	ntribution on the line ab		ds or services provided, and enter the ution. If the actual cost is not known	
Full name of candidate:	(I ast Nama)	(First Nama)	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is See	(Middle Name/Initial)	

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 Jobbyist) (Print Name of lobbyist) (Date)