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

PLEASE PRINT

I. Name of Lobbyist(s)Adam	n Schmidt		
II. Name of lobbyist's partnersh	ip, firm or corporation, if a	ny:	
Bianco Professional Asso	ociation		
(Name of partners	ship, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603) 226-0165	e-mail aschmid	@biancopa.com
(Telephone)	(Fax)		
III. This statement covers: (Choreportable expense transactions  All reportable transactions occ	which are not attributable t		
(Full Name  OR  All reportable transactions by t	of Client as it appears on the Lo		firm listed below which are
unrelated to any particular client.		_	
IV. Date of Report April 25, Reports cover: activity from date	2018 🗅 of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/30/18	
	31, 2018 27/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/31/	18
V. There have been no fees re If this box is checked, complete ju. Concord, NH 03301.			
VI. Check if additional reports :	are attached:		
☐ If you have received fees or n	nade expenditures, you must f	ile <b>Addendum A</b> – Fees and Ex	penses
☐ If you have paid an honorariu Expense Reimbursement	m or reimbursed expenses, yo	u must file <b>Addendum B</b> – Rep	oort of Honorariums or
If you, your firm, or your fam	ily has made political contribu	utions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-11, and complete to the best of my kn  (Signature of lobbyist)	SA 14-C and RSA 664 and he	ereby swear or affirm that the formal April 25, 2018 (Date	
		(Dav	-,
Adam Schmidt (Print Name of lobbyist)			RECEIVED
(I THE INAME OF IOOOYISE)			
			ADD 25 2019

APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Ac	dam J. Schmidt		
II. Name of lobbyist's par	rtnership, firm or cor	poration, if any:	
Rianco Profe	essional Association		
	tnership, firm or corporation)		
III Nama accuma			Dete
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is	s Seeking Senate
If the contribution is an in-k actual cost of the in-kind corenter an estimated value and	ntribution on the line abov	a description of the good re for amount of contribu	ds or services provided, and enter th ution. If the actual cost is not know
actual cost of the in-kind cor	the word "estimate."  Friends of Dan Fel	re for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind cor enter an estimated value and	Friends of Dan Fel (Last Name)	e for amount of contribu	ds or services provided, and enter thution. If the actual cost is not know
actual cost of the in-kind corenter an estimated value and  Full name of candidate:  Amount of contribution \$ 10	Friends of Dan Fel (Last Name)  00.00  ind contribution, provide ntribution on the line above	tes (First Name)	ution. If the actual cost is not know
Full name of candidate:  Amount of contribution \$ 16  If the contribution is an in-kactual cost of the in-kind cor	Friends of Dan Fel (Last Name)  00.00  ind contribution, provide ntribution on the line above the word "estimate."	tes (First Name)	(Middle Name/Initial)

actual cost of the in-kind contribution on the line above f	escription of the goods or services provided, and enter the 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)	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and h s true and complete to the best of thy knowledge ar	ereby swear or affirm that the foregoing information and belief.
Jellet	April 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	**

	dam J. Schmidt		
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
Rianco Profe	essional Association		
	tnership, firm or corporation)		
HI No. of City and			Data
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Lasky	Bette	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate i	s Seeking Senate
an estimated value and	the word "estimate."		
		Courage	
Full name of candidate:	Senate Democratic (Last Name)	Caucus (First Name)	(Middle Name/Initial)
Full name of candidate: _	Senate Democratic (Last Name)		(Middle Name/Initial)
Full name of candidate: _ Amount of contribution \$ 10 If the contribution is an in-k	Senate Democratic (Last Name) 00.00 ind contribution, provide ntribution on the line above	(First Name)  a description of the good	(Middle Name/Initial)  ds or services provided, and enter the ution. If the actual cost is not known

If the contribution is an in-kind contribution, provide a descrip 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 contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15, B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
Allow	April 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt (Print Name of lobbyist)	

I. Name of Lobbyist(s) Adam	m J. Schmidt		
		novation if any	
II. Name of lobbyist's parti	iersnip, firm or cor	poration, it any:	
	sional Association		
(Name of partne	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions  For each political contribution	on that is reportable	nursuant to RSA Chan	oter 664 paid on behalf of the
client/lobbyist and lobbying			ner oo4 paid on cenan or the
, , ,			
	111-44	D!1	
Full name of candidate:	(Last Name)	David (First Name)	(Middle Name/Initial)
100	, , , ,	,	
Amount of contribution $\$ \underline{100}$	.00	Office Candidate i	s Seeking Senate
If the contribution is an in-kind	Contribution provide	a description of the good	ds or services provided, and enter the
			ution. If the actual cost is not know
enter an estimated value and th		o tot amount of contino	
Full name of candidate:	Taxpayers for John	Reagan	
ruii name oi candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
100	, , , ,	(	,
Amount of contribution $$100$	.00		
If the contribution is on in bind	Laanteihutian musuida	a description of the seco	do an complete muchided, and enter the
			ds or services provided, and enter the ution. If the actual cost is not known
enter an estimated value and th		c for amount of control	ution. If the actual cost is not known
enter air estimated varde and th	e word estimate.		
Full name of candidate:	Friends of Senator	Harold French	
run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	(Dust Hame)	(i iist raine)	(minute maine/initial)
100			
Amount of contribution \$ 100	.00		

If the contribution is an in-kind contribution, provide a description of the go actual cost of the in-kind contribution on the line above for amount of contrenter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on sepa	rate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief.	ffirm that the foregoing information
HUKA	April 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Ada	m J. Schmidt		
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
• •	sional Association	,	
	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbying			ster 664 paid on behalf of the
Full name of candidate:	Gray (Last Name)	Jim (First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	,	,	s Seeking Senate
Full name of candidate:	Cavanaugh (Last Name)	Kevin (First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	0.00		
	ibution on the line above		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	Jeff (First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	0.00		

If the contribution is an in-kind contribution, provide a de actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	or amount of contribution. If the actual cost is not known,
Chief all estimated value and the word estimate.	
(If more than three contributions were made, report additional co	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	
HAUAU	April 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Ada	m J. Schmidt			
II. Name of lobbyist's parti	nership, firm or cor	poration, if any:		
Bianco Profes	sional Association			
(Name of partner	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:	Gannon (Last Name)	Bill (First Name)	(Middle Name/Initial)	
Amount of contribution \$ 100		Office Candidate i	•	
Full name of candidate:	Friends of Regi	na Birdsell		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 100	.00	<del></del>		
	ibution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known	
	Hanna	Mada		
Full name of candidate:	(Last Name)	Martha (First Name)	(Middle Name/Initial)	
Amount of contribution \$ 100	.00			

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	•
(If more than three contributions were made, report additional contribut	ions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 13, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belief	wear or affirm that the foregoing information of.
Harry H	April 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Ada	m J. Schmidt		
II Name of labbuistic part	naushin firm ar sar	novation if any	
II. Name of lobbyist's part	-	poration, it any:	
	sional Association		
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions			
	ion that is reportable	pursuant to RSA Chapt	ter 664 paid on behalf of the
client/lobbyist and lobbying			
Full name of aandidates	Sanata Danul	olican Majority DAC	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
A 4 - C 11 - 12 - 0 100			
Amount of contribution \$ 100	7.00	Office Candidate is	s Seeking Senate
			s or services provided, and enter the
		ve for amount of contribu	ition. If the actual cost is not known,
enter an estimated value and the	ne word "estimate."		
D. II			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			(Middle Maine/milar)
Amount of contribution \$			
If the contribution is an in-kind	d contribution, provide	a description of the good	s or services provided, and enter the
actual cost of the in-kind contr	ribution on the line abo		ition. If the actual cost is not known,
enter an estimated value and the	ne word "estimate."		
D.II			
bull name at sandidets.			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$			(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 lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	