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(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Adam J. Schmidt I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: J. Grimbilas Strategic Solutions, LLC (Name of partnership, firm or corporation) NH 4 Park Street Suite 100 03301 Concord Business Address: (Street) (Town/City) (State) (Zip Code) 603 785-4973 adam@igstrategies.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report July 30, 2025 April 30, 2025 activity from 4/1/25 to 6/30/25 Reports cover: activity from date of registration to 3/31/25 October 29, 2025 January 28, 2026 activity from 7/1/25 to 9/30/25 activity from 10/1/25 to 12/31/25 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement ✓ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 16-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 4/28/2025 (Signature of lobbyst) (Date) Adam J. Schmidt

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II. Name of lobbyist's partr	ıership, firm or	corporation, if any:	
J. Grimbilas Strategic S	Solutions	,	
(Name of partne	rship, firm or corporati	on)	
III. Name of Client			Date
· ·		: .	
Political Contributions For each political contribution client/lobbyist and lobbying		ble pursuant to RSA Chapter 6 e following:	664 paid on behalf of the
	-		
Full name of candidate: Ru	uais	Jay	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$)	Office Candidate is Seeking	layor of Manchester
			. If the actual cost is not know
			. If the actual cost is not know
enter an estimated value and th	e word "estimate."	publican PAC	
enter an estimated value and th	e word "estimate." H Senate Re	,	(Middle Name/Initial)
enter an estimated value and th	e word "estimate." H Senate Re	publican PAC	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contri	H Senate Re (Last Name) O I contribution, provibution on the line	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter th
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contri	H Senate Re (Last Name) O I contribution, provibution on the line	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter th
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contri	H Senate Re (Last Name) O I contribution, provibution on the line	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter th
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contri	H Senate Re (Last Name) O I contribution, provibution on the line	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter th
Full name of candidate: NI Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	H Senate Re (Last Name) O I contribution, provibution on the line	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter th
Full name of candidate: NI Amount of contribution \$ 100	H Senate Re (Last Name) O I contribution, provibution on the line word "estimate."	publican PAC (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution,	(Middle Name/Initial) State Senate services provided, and enter th

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."	on of the goods or services provided, and enter the ant of contribution. If the actual cost is not known,
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(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 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belief	
AMKALT	4/28/2025
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Full name of candidate: Perkins Kwoka Rebecca (Last Name) Office Candidate is Seeking State Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not enter an estimated value and the word "estimate."	J. Grimbilas Strategic Solutions (Name of partnership, firm or corporation) III. Name of Client 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: Perkins Kwoka Rebecca (Last Name) Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known and the word "estimate." Full name of candidate: Rosenwald Cindy (Last Name) (First Name) (Middle Name/Initial) If the actual cost is not known and the word "estimate." (Middle Name/Initial) State Senate (Middle Name/Initial) State Senate Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known actual cost of the in-kind contribution actual cost is not known actual cost of the				
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(Name of partnership, firm or corporation) III. Name of Client	(Name of Client	-	-		•
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Perkins Kwoka Rebecca (Last Name) Office Candidate is Seeking State Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is no enter an estimated value and the word "estimate."	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: Perkins Kwoka Rebecca	—		1)	
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Full name of candidate: Perkins Kwoka Rebecca	Full name of candidate: Perkins Kwoka Rebecca (Last Name) (Middle Name/Initial)				664 paid on behalf of the
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Rosenwald Cindy	Amount of contribution \$ \frac{(\text{Last Name})}{(\text{Last Name})} \frac{(\text{First Name})}{(\text{Office Candidate is Seeking}} \frac{(\text{Middle Name/Initial})}{(\text{State Senate})} \frac{\text{State Senate}}{(\text{State Senate})} \frac{(\text{Middle Name/Initial})}{(\text{State Senate})} \frac{\text{State Senate}}{(\text{State Senate})} \frac{(\text{Middle Name/Initial})}{(\text{State Senate})} \frac{\text{State Senate}}{(\text{State Senate})} \frac{(\text{Middle Name/Initial})}{(\text{State Senate})} \frac{\text{Middle Name/Initial}}{(\text{State Senate})} \frac{(\text{Middle Name/Initial})}{(\text{Middle Name/Initial})} \frac{\text{Middle Name/Initial}}{(\text{Middle Name/Initial})} \frac{(\text{Middle Name/Initial})}{(\text{Middle Name/Initial})} \frac{\text{Middle Name/Initial}}{(\text{Middle Name/Initial})} \frac{\text{Middle Name/Initial}}{(Middle Name/Ini				<u></u>
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	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known in the line above for amount of contribution.	Full name of candidate:	Rosenwald	Cindy	
Amount of contribution \$ 100 Office Condidate in Seeking State Senate	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known in the line above for amount of contribution.	Full name of candidate:			(Middle Name/Initial)
enter an estimated value and the word "estimate."		Amount of contribution \$	(Last Name) OO ind contribution, provintribution on the line a	(First Name) Office Candidate is Seeking de a description of the goods of	State Senate r services provided, and enter t
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McGough Tim	Full name of candidate: McGough Tim	Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	(Last Name) 100 Ind contribution, provintribution on the line all the word "estimate."	(First Name)Office Candidate is Seeking de a description of the goods of bove for amount of contribution	State Senate r services provided, and enter t
Full name of candidate: McGough Tim	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co- enter an estimated value and	(Last Name) 100 Ind contribution, provintribution on the line all the word "estimate." McGough	(First Name) Office Candidate is Seeking de a description of the goods of bove for amount of contribution	State Senate r services provided, and enter t n. If the actual cost is not know (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	ion of the goods or services provided, and enter the punt of contribution. If the actual cost is not known,
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(If more than three contributions were made remain additional contributions	tions on sounds ald a long (C.C., a)
(If more than three contributions were made, report additional contribu	itions 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 beli	
Hall Gold	4/28/2025
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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1. Name of Lobbyist(s)	dam Schmidt		
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
J. Grimbilas Strateg	ic Solutions	•	
(Name of p	partnership, firm or corporation)	
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable	e pursuant to RSA Chapter 6 following:	664 paid on behalf of the
Full name of candidate:	NH Senate Dem	ocratic Caucs	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking _	State Senate
	ontribution on the line ab nd the word "estimate."		services provided, and enter the If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	State Senate
	ontribution on the line ab		services provided, and enter the . If the actual cost is not known.
Full name of candidates	Abbas	Daryl	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	100	Office Candidate is Seeking	State Senate

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
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(If more than three contributions were made, report additional contribu-	ations 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 believed to th	
I du La lat	4/28/2025
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)	Adam Schmidt		
II. Name of lobbyist's p	oartnership, firm or c	orporation, if any:	
J. Grimbilas Strateg		•	
(Name of	partnership, firm or corporatio	n)	
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobb	bution that is reportab	le pursuant to RSA Chapter 6 following:	664 paid on behalf of the
Full name of candidate:	Lang	Tim	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	otate Senate
Full name of candidate:		Sue	
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	State Senate
	contribution on the line a		services provided, and enter the
Full name of candidate:		Keith	
	(Last Name)	(First Name)	(Middle Name/Initial) State Senate

(If more than three contributions were made, report addition	anal contributions on senarate addendum C forms)
,	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15 RSA 15-B and RSA 664 ar	nd hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledg	
Add Call	4/28/2025
(Signature of lobbyist)	4/28/2025 (Date)

(Name of p	partnership, firm or corporation	on)	
III. Name of Client		, , , , , , , , , , , , , , , , , , ,	Date
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportab	ble pursuant to RSA Chapter e following:	664 paid on behalf of the
Full name of candidate:	Birdsell	Regina	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	State Senate
	nd the word "estimate."		
		Bill	
	Gannon (Last Name)	Bill (First Name)	(Middle Name/Initial)
Full name of candidate:	Gannon (Last Name)	(First Name)	State Senate
Full name of candidate: Amount of contribution \$ If the contribution is an in-	Gannon (Last Name) 100 -kind contribution, provontribution on the line a	(First Name) Office Candidate is Seekin ide a description of the goods o	State Senate
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value ar	Gannon (Last Name) 100 -kind contribution, provontribution on the line a	(First Name) Office Candidate is Seekin ide a description of the goods o	State Senate r services provided, and enter th
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	e and belief.
	e and belief. 4/28/2025
s true and complete to the best of my knowledge	
s true and complete to the best of my knowledge (Signature of lobbyist) Adam J. Schmidt	4/28/2025

I. Name of Lobbyist(s)	Adam Schmidt		
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
J. Grimbilas Strateg	ic Solutions		
(Name of p	partnership, firm or corporat	ion)	
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobby	bution that is reporta	able pursuant to RSA Chapter 6 ne following:	64 paid on behalf of the
Full name of candidate:	Ricciardi	Denise	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking _	state Senate
Full name of candidate:	Stephen	John	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	Executive Council
If the contribution is an in-	kind contribution, procontribution on the line	vide a description of the goods or above for amount of contribution	
Full name of candidate:	Long	Patrick	
i un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
	100	Office Candidate is Seeking	State Senate

If the contribution is an in-kind contribution, provide a des actual cost of the in-kind contribution on the line above for	
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DAIACAT	4/28/2025
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	
• ,	