

## STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Jodi G	Frimbilas, Adam Schmidt		
II. Name of lobbyist's partnership	, firm or corporation, if any:		
J. Grimbilas Strategic S			
	p, firm or corporation)		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) <u>603-496-2638</u>	_ ( )	_ <sub>e-mail</sub> _jodi@jgs	trategies.com
(Telephone)	(Fax)		
	e one – file separate reports for eac		y file a separate report fo
reportable expense transactions w 	hich are not attributable to any one	e client).	
All reportable transactions occur	ring in the months prior to the report	ing date relative to the	e following client:
A.			•
(Full Name o	ancer Society  f Client as it appears on the Lobbyist Reg	istration Form)	
<u>OR</u>		•	
All reportable transactions by the	lobbyist (including the lobbyist's far	nily), or the lobbying	firm listed below which are
unrelated to any particular client.			
IV. Date of Report April 26, 20	)23	July 26, 2023	
		y from 4/1/23 to 6/30/23	}
October 25,	2023 Jan	uary 31, 2024	
activity from 7/1/2		om 10/1/23 to 12/31/23	
V. There have been no fees reco If this box is checked, complete just State House, Room 204, Concord, N	eived and no reportable transacthis form and submit it to the Secretary W 03301.	ti <b>ons made since th</b> ry of State's Office, 10	ne last report.  77 North Main Street,
VI. Check if additional reports are	e attached:		
	ie expenditures, you must file Adden	dum A- Fees and Ex	penses
If you have paid an honorarium	or reimbursed expenses, you must fil		
Expense Reimbursement			
If you, your firm, or your family	has made political contributions, you	ı must file <b>Addendur</b>	n C  Political Contribution
Sworn Statement/Affirmation by I	ahhvist		
	A 14-C and RSA 664 and hereby swe	ar or affirm that the fo	oregoing information is true
Sala Ha	_	/29/2024	
(Signature of lobbyist)	<u> </u>	(Date	<u>-</u>
Jodi Grimbilas		(Duit	,
(Print Name of lobbyist)	<del></del>		

## State of New Hampshire Signature Form for Associated Lobbyisi RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Print Name of tolobysts)

Name of Lordwing parti	tership, them, or corporation	S. Grandildies	Strantagic Schota	OUS I.L.
Name of Client Gence b	lank if Statement is for the part	mership, time, or comorar	oun and not related to any	, , ,
particular chem-	American Can	cer Societ		
Date of Report (check o	ones:			
April 46, 2023 (	mb 26, 2022 - Mercha	er 28, 2023 (** ) Januar	x 31, 2024 T	•
t have read RSA 15 RS the following Addendur arbmitted)	SV 15-B, RSA no. the Statem its submitted with that Statem	new of Income and Expensive consert the number of	ises described above, and Addendum forms being	
Addendum Ars.				
Addendum Bess				
Addendum Crşi				
I hereby swear or artisms complete to the best of hereby say.  (Signature of tobby 151)	A-	- 1/	ch Addendum is true and  29/24  atc:	