PLEASE PRINT

STATE OF NEW HAMPSHIRE

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OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

1. Name of Lobbyist(s) Jodi Grabile	cs, Ad	am Schm	4+
II. Name of lobbyist's partnership, firm or corporatio	n, if any:		
(Name of partnership, firm or corporation)	regie So	lutins	
(Name of partnership, firm or corporation)		···	
POBON 233 Northward, Business Address: (Street) (Town/C	JH 032	u I	
			(Zip Code)
(403) <u> </u>	(Fax)	e-mail jodi	Ojgstrategies.com
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attribu			nay file a separate report for
☐ All reportable transactions occurring in the months pr	-	-	_
Select Manage	neut Res	oures I	٨ د.
(Full Name of Client as it appears on	the Lobbyist Regis	tration Form)	
<u>OR</u>			
☐ All reportable transactions by the lobbyist (including tunrelated to any particular client.	he lobbyist's fam	ily), or the lobbyir	ng firm listed below which are
IV. Date of Report April 29, 2020		ly 29, 2020 🗍	•
Reports cover: activity from date of registration to 3/31/20 October 28, 2020		nuary 27, 2021	U
activity from 7/1/20 to 9/30/20		rom 10/1/20 to 12/3.	1/20
V. There have been no fees received and no report of this box is checked, complete just this form and submit State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:		7.	•
☐ If you have received fees or made expenditures, you	nust file Addend	um A – Fees and F	Zynenses
☐ If you have paid an honorarium or reimbursed expense Expense Reimbursement			-
☐ If you, your firm, or your family has made political c	ontributions, you	must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and complete to the best of my knowledge and belief. (Signature of lobbyist)		or affirm that the $\sqrt{3}$ (Da $\sqrt{3}$)	
(Print Name of lobbyist)		(Da	ne)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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

OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

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

Name of Lobbying partnership, firm, or corporation: J. Grimbiles Strategic Solutions, LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Select Management Resources, Fire
Date of Report (check one):
April 29, 2020
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
$\frac{10/26/2020}{\text{(Date)}}$
Adam 3. Schmidt
Print Name of Johnvist)