

STATE OF NEW HAMPSHIRE

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

RECEIVED OCT 2 3 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jodi Grimbilas, Adam Schmidt			DEPARTMENT OF
II. Name of lobbyist's partnership,			
J. Grimbilas Strategic Sc	olutions LLC		
(Name of partnership,	firm or corporation)		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-496-2638 (Telephone)	()	_{e-mail} jodi@jgstrategies.com	
(Telephone)	(Fax)		
III. This statement covers: (Choose reportable expense transactions whi			ny file a separate report for
All reportable transactions occurri	ng in the months prior to the repor	ting date relative to th	e following client:
NH SO	ownobile Associat	uΛ	
(Full Name of C	Client as it appears on the Lobbyist Rep	gistration Form)	
<u>OR</u>			
All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobbyist's fa	mily), or the lobbying	g firm listed below which are
IV. Date of Report April 26, 202 Reports cover: activity from date of re October 25, 2 activity from 7/1/23	egistration to 3/31/23 activi 023 Jaj	July 26, 2023]
V. There have been no fees recei If this box is checked, complete just th State House, Room 204, Concord, NH	is form and submit it to the Secreta	ctions made since the erry of State's Office, 1	he last report. 2007 North Main Street,
VI. Check if additional reports are	attached:		
If you have received fees or made			
La If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, you must fi	le Addendum B – Rej	port of Honorariums or
If you, your firm, or your family h	nas made political contributions, yo	u must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation by Lot I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge.	14-C and RSA 664 and hereby sweed edge and belief.		oregoing information is true
you yn		10/23/2023	
(Signature of lobbyist)		(Dat	e)
Jodi Grimbilas			
(Print Name of lobbyist)			

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation	
Statement of Income and Exp	enses for:
Name of Lobbying partnership, fi	rm, or corporation: J. Gv. mbiles Strutgic Solutions,
Name of Client (leave blank if Sta	atement is for the partnership, firm, or corporation and not related to any
particular client): 11H	Subwmobile Association
particular eliciti).	200000000000000000000000000000000000000
Date of Report (check one):	
April 26, 2023	2023 □ October 25, 2023 □ January 31, 2024 □
I have read RSA 15, RSA 15-B, the following Addendums submitted): Addendum A(s).	RSA 664, the Statement of Income and Expenses described above, and tted with that Statement (insert the number of Addendum forms being
Addendum B(s).	
Addendum C(s).	
·	
I hereby swear or affirm that the complete to the best of my knowl (Signature of lobbyist)	foregoing information on the Statement and each Addendum is true and edge and belief. 10123/2023 (Date)