STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 29 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s)	Tooi Grimbi	las, Adam	Schmidt
II. Name of lobbyist's partner	ship, firm or corporation, if an	ıy:	
J. Corin		egic Solutions L	LC.
^	3 North	wood NH (State)	0 3 2 (a). (Zip Code)
(63) 496-2638 (Telephone)			Djastrategies.com
III. This statement covers: (Cl reportable expense transaction	noose one – file separate report ns which are not attributable to	s for each client, OR you may any one client).	file a separate report for
All reportable transactions of	ccurring in the months prior to th	ne reporting date relative to the	following client:
National ass N: of (Full National)			
All reportable transactions by unrelated to any particular client	the lobbyist (including the lobb	yist's family), or the lobbying fi	rm listed below which are
	4, 2019	July 31, 2019 activity from 4/1/19 to 6/30/19	
	· 30, 2019 🛄 m <i>1/1/19 to 9/30/19</i>	January 29, 2020 activity from 10/1/19 to 12/31/19	
V. There have been no fees to a state of this box is checked, complete j State House, Room 204, Concord	ust this form and submit it to the	ransactions made since the Secretary of State's Office, 107	last report. North Main Street.
VI. Check if additional reports	are attached:		
If you have received fees or		Addendum A- Fees and Expe	enses
 If you have paid an honorari Expense Reimbursement 	um or reimbursed expenses, you	must file Addendum B- Repor	t of Honorariums or
☐ If you, your firm, or your far	nily has made political contributi	ons, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, I and complete to the best of my kn	RSA 14-C and RSA 664 and here nowledge and belief.	by swear or affirm that the fore $\frac{1}{28} \frac{202}{202}$	
(Signature of lobbyist) Topi Grimb, la (Print Name of lobbyist)		(Date)	

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

_	C.
I. Name of Lobbyist(s) Toda Grimbilas, Ada	m Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J Corimbilas Strategii Solutions (Name of partnership, firm or corporation)	
III. Name of Client National assoc. of Insurance + Francial Advisors - NH CHapter	Date 1 28 2020
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$3, 000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ _ /3,500
c) Total of all fees received to date (Add lines a and b)	c)\$ 16,500
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 1,500
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repetes. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$3, 000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ /3,500·
f) Total of all expenses year to date	ns_16,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading of the period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
<u> </u>	. \$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(organization today) sty	(Date)
(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.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: J. Grimbilas Strataic Solutions, LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 24, 2019
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).
1 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. (Signature of lobbyist) (Date) (Print Name of lobbyist)