

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) JAN 3 0 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) _	Jodi Grimb	ilas, Adam Schmi	dt	
II. Name of lobbyist's pa	artnership, firm	or corporation, if any:		
J. Grimbilas Stra	itegic Soluti	ons LLC		
(Name o	of partnership, firm	or corporation)		
PO Box 233		Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-496-26	38 ,)	_{e-mail} jodi@jgst	rategies.com
(Telephone)		(Fax)	•	
III. This statement cover	rs: (Choose one -	- file separate reports for e	ach client OR vou may	v file a senarate renort
		re not attributable to any o		, me a separate report
7				
All reportable transac	tions occurring in	the months prior to the repo	rting date relative to the	following client:
NH SN	oumolo dé	Association		
_ (F	ull Name of Client	as it appears on the Lobbyist R	egistration Form)	
<u>OR</u>				
All reportable transact unrelated to any particular	ions by the lobby: r client	ist (including the lobbyist's	family), or the lobbying	firm listed below which
	April 26, 2023		· July 26, 2023	
Reports cover: activity f	rom date of registre	ution to 3/31/23 acti	vity from 4/1/23 to 6/30/23	
	ctober 25, 2023		anuary 31, 2024	
acuvi	y from 7/1/23 to 9/3	10/25 activity	from 10/1/23 to 12/31/23	.
V. There have been no	fees received a	and no reportable transa	ctions made since th	e last report.
If this box is checked, con	iplete just this for	m and submit it to the Secre	tary of State's Office, 10	7 North Main Street,
State House, Room 204, C	Concord, NH 0330	01.		
VI. Check if additional r	eports are attacl	ned:		
If you have received i	fees or made expe	nditures, you must file Add	endum A– Fees and Exp	penses
If you have paid an he		bursed expenses, you must		
Expense Reimbursement				
If you, your firm, or y	our family has m	ade political contributions, y	ou must file Addendun	n C– Political Contribut
S St. 1 11 600				
Sworn Statement/Affirm I have read RSA 15, RSA		st and RSA 664 and hereby sv	vear or affirm that the fo	regaing information is t
and complete to the best of	f my knowledge	and belief.	car or armin that the fo	regoing miormation is t
Davi M			1/29/2024	
(Signature of loobyist)			(Date	
Jodi Grimbilas			(Suite	,
(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:

Print Name of Johnson

Name of Lobbying partne	ership, firm, or carpora	min J. Gurunt	Was Street	ego Solutions	uld.
Name of Chent cience bla	me il Statemein is gori	the partnership, time, or	camoration and no	t related to any	,
particular chem.	WHShowi	nobile Ussai	ate 11		
Date of Report (check in	ier:				
April 26, 2023 7	mis 26, 2023	florebet 25, 2023 (미	January 31, 2024	V	
t have read RSA 15, RS; the following Addendum submitted)	N 15-B, RSA on a the symmetric with their	Statement of Income an Statement (insert the in-	al Expenses descri ember of Addendu	bed above, and m forms being	
Addendum Ars.	V				
Addendum Busy					
Addendam C(s)					
I hereby swear or affirm controllere to the best of many did sugment to the best of the same of the best of the be	tal the toregoing infor knowledge and bene-	maton on the Statemen	and each Addend $1/29/2$ (Date)	,	