PLEASE PRINT	STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)	RECEIVED JAN 2 9 2020 NEW HAMPSHIRE DEPARTMENT OF STATE				
I. Name of Lobbyist(s) JODI	Grimbilas, Adam Sd	nmidt				
II. Name of lobbyist's partnership, firm or corporation, if any:						
(Name of partnership, firm	Strategic Solutions LLC	•				
POBOX 233 Business Address: (Street)	(Town/City) (State)	3 2 (6) (Zip Code)				
(63) <u>496-2638</u> ((Telephone))e-mail_jodi@	<u>jastrat</u> egies.com				
III. This statement covers: (Choose one -	file separate reports for each alight OB stars may file					

iii. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

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(Eull Manue of	C11.		<u>1 ca /</u>	
(rull Name of	Cilent as it appear	s on the Lobbyist Re	gistration Form)	

<u>OR</u>

 \Box All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Rep Reports cover:	activity from date of registration to 3/31/19 October 30, 2019	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020
	activity from 7/1/19 to 9/30/19	activity from 10/1/19 to 12/31/19

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

L If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses

 \square If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement

U If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

ignature of lobbyist

20 20 (Date)

(Print Name of lobbyist)

_	STATE OF NEW HAN	W HAMPSHIRE		
	Lobbyists Fees and Expenses		RECEIVED	
	Addendum A (RSA Chapter 15:6)		JAN 2 9 2020	
			NEW HAMPSHIRE DEPARTMENT OF STATE	
I. Name of Lobbyist(s) Jodi	Grimbilias, Ada	m Schn	rudt	
II. Name of lobbyist's partnership,	firm or corporation, if any:		1	
J. Cor. mb das (Name of partnership, firm	Strat-equi Solutions	······	· · · · ·	
III. Name of Client <u>AMEVICA</u>	a chemistry Council)Date1	78 3030.	
IV. Fees Received Indicate the gross amount of all fees rec to lobbying, including fees for services including research, monitoring legislat reduced by any expenses:	such as public advocacy, government	relations, or p	ublic relations services	
a) Total of all fees received in this repo	rting period	a) \$ 1,2	57.62	
 b) Total of all fees received this calend (This should equal the total of all pr 	lar year, prior to this reporting period rior monthly reports for this calendar ye		500 -	
c) Total of all fees received to date				
(Add lines a and b)		c)\$ <u>></u>),	157,62	
 Indicate the amount of any such fees yet been paid 	s that are due, but have not	d) \$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firm fees. Separate reports are to be filed for the lobbyist(s)/firm that are unrelated Expenses are to be reported in one of during the reporting period for salaries individual expenses where the expendit lunch where the cost was \$25.00 or less being lobbied, purchase of a ceremonia (c) an itemized statement of each individ any purpose not covered by (a) (for ex- ceremonial object to be given to the su- restaurant expenses for a legislative re- contributions will be reported on separate	or expenditures made relative to each c to any one client a separate report m three categories of expenses: (a) the s, benefits, support staff, and office ex ture was of \$25.00 or less (for example s, purchase of a pen with a value of les l object given to a person being lobbied dual expenditure made during this repor xample: purchase of a meal with valu- ubject of lobbying with a value greated eception). Expenses for honorariums,	lient and if ex- nay be filed for aggregate tota penses; (b) the e: meals purch s than \$10 tha d with a value ting period of e of greater the r than \$25, but expense reim	penditures are made by or the lobbyist(s)/firm. al of all expenses paid e aggregate total of all based during a business t is given to the person of \$25.00 or less); and greater than \$25.00 for ban \$25, purchase of a t not greater than \$50, bursement, or political	

.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

P L E A S E

P R I N T

a) \$ 1,257,62

_

b) \$ _____

c) \$ _____

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)

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)

f) Total of all expenses year to date

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to: Amount: \$_____ \$_____ \$_____ \$_____ _____ \$_____ \$ _____

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

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(Print Name of lobbyist)

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ns 33,757, 62.

d)\$ 1257.62

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:

votigic Solutions, LLC rimbilas Name of Lobbying partnership, firm, or corporation:

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 🗖

July 31, 2019 🗖

October 30, 2019 🗆

January 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.

e of lobbyi

1/28/202((Date)

(Print Name of lobbyist)