

#### STATE OF NEW HAMPSHIRE

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

JAN 3 0 2024

NEW HAMPSHIRE

DEPARTMENT OF STATE

PLEASE PRINT

| I. Name of Lobbyist(s)  | Jodi Grimb             | ilas, Adam Schmi  | dt  | 013                          |
|---|------------------------|---|---|------------------------------|
| II. Name of lobbyist's p  | artnership, firm o     | r corporation, if any:  |   |                              |
| J. Grimbilas Stra   | =                      | - · · · · · · ·   |   |                              |
|   | of partnership, firm o |   |   |                              |
| PO Box 233  |                        | Northwood   | NH  | 03261                        |
| Business Address: (Street   |                        | (Town/City)   | (State)   | (Zip Code)                   |
| ( ) 603-496-26<br>(Telephone)   | ;38 <sub>(</sub>       | )   | <sub>e-mail</sub> jodi@jgst                         | rategies.com                 |
| (Telephone)   |                        | (Fax)   | <del></del>   |                              |
|   |                        |   |   | y file a separate report for |
| reportable expense tran   | sactions which ar      | e not attributable to any o                                   | one client).  |                              |
| All reportable transac  | etions occurring in    | the months prior to the repo                                  | orting date relative to the                         | following client:            |
|   |                        |   |   |                              |
|   | 5 HEATT                | as it appears on the Lobbyist R                               | egistration Form)                                   | <del></del>                  |
| <u>OR</u>   |                        | on the Boody is the   | og.o  |                              |
|   |                        | st (including the lobbyist's                                  | family), or the lobbying                            | firm listed below which are  |
| unrelated to any particula  | ır client.             |   |   |                              |
| IV. Date of Report  | April 26, 2023         | 7   | July 26, 2023                                       |                              |
|   | from date of registra  | ion to 3/31/23 acti   | vity from 4/1/23 to 6/30/23                         | !                            |
|   | October 25, 2023       |   | anuary 31, 2024                                     |                              |
| activi  | ity from 7/1/23 to 9/3 | 0/23 activity   | from 10/1/23 to 12/31/23                            |                              |
| V. There have been n<br>If this box is checked, con<br>State House, Room 204, | mplete just this form  | nd no reportable transa<br>n and submit it to the Secre<br>1. | actions made since th<br>tary of State's Office, 10 | le last report               |
| VI. Check if additional   | reports are attach     | ed:   |   |                              |
|   | •                      | nditures, you must file Add                                   | endum A– Fees and Ex                                | penses                       |
| If you have paid an h   | ionorarium or reiml    | bursed expenses, you must                                     |   |                              |
| Expense Reimbursement   |                        | 1 11.0 1  |   |                              |
| If you, your firm, or   | your family has ma     | ide political contributions, y                                | ou must file Addendur                               | n C- Political Contributions |
|   |                        |   |   |                              |
| Sworn Statement/Affirm  | nation by Lobbyis      | ıt  |   |                              |
| I have read RSA 15, RSA   | 15-B, RSA 14-C         | and RSA 664 and hereby sv                                     | vear or affirm that the fo                          | oregoing information is true |
| and complete to the best  | of my knowledge a      | nd belief.  |   |                              |
| Jude The  |                        |   | 1/29/2024   |                              |
| (Signature of lobbyist)   |                        |   | (Date   | <u> </u>                     |
| Jedi Grimbilas  |                        |   |   |                              |
| (Print Name of lobbyist)  |                        |   |   |                              |

#### P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A





Jodi Grimbilas, Adam Schmidt I. Name of Lobbvist(s) II. Name of lobbyist's partnership, firm or corporation, if any: J. Grimbilas Strategic Solutions LLC (Name of partnership, firm or corporation) III. Name of Client Ous Health Date 1/29/2024 IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses: a)\$ /2,500.01 a) Total of all fees received in this reporting period b) \$ 37, 500 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 year) c) Total of all fees received to date (Add lines a and b) 0)\$ 50,000.01 d) Indicate the amount of any such fees that are due, but have not yet been paid V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

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

in a), of \$25 or less.

| d) Total expenses for this reporting period (Add lines a, b and c)  | d)\$ /2,500.01                     |
|---|------------------------------------|
| 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)\$ <u>37,500</u>                 |
| f) Total of all expenses year to date   | 1)\$ 50,000.01                     |
| VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to:  | Amount:                            |
|   | \$                                 |
|   | \$                                 |
|   | \$                                 |
|   | \$                                 |
|   | \$                                 |
|   | \$                                 |
|   |                                    |
|   |                                    |
| 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.                              | n that the foregoing information   |
| Sode Sum  | 1/29/2024                          |
| (Signature of lobbyist)   | (Date)                             |
| Jodi Grimbilas  |                                    |
| (Print Name of lobbyist)  |                                    |

# State of New Hampshire Signature Form for Associated Lobbyisi

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 Same of Johnson

| Name of Lobbying partn   | ership, firm, or corporation                             | J. Grubil                                | ws Strates                                 | asolutions, LLC         |
|--|--|--|--|-------------------------|
| Name of Chent (sease b)  | anic it Statement is for the par                         | <mark>pagrship, timi, or do</mark>       | rporation and not rela                     | ated to any             |
| paeticinai chemi   | CUS Heat   | th .                                     |  | •                       |
| Date of Report (check or                                       | ne):   |  |  |                         |
| April 26 (2023) 7  | 988-26, 3923 Cents                                       | er 25, 2023 🗂 — J                        | anuary 31, 2024 🛨                          |                         |
| t have read RSA 15 RS<br>the following Addendum<br>aromitted): | N IS-B, RSA on the Statem is submitted with their Statem | new of Income and<br>new sursert the num | Expenses described a<br>ber of Addendum fo | ibove, and<br>rms being |
| Addendum Ars.  |  |  |  |                         |
| Adaenaum Bess  |  | t  |  |                         |
| Addendian Cost   |  |  |  |                         |
|  |  |  |  |                         |
| I hereby swear in affirm to<br>complete to the best olam       | tan the toregoing information<br>Chrowledge and being    | n on the Statement a                     | nd each Addendum i                         | s true and              |
| Sugnature of toberson  | 4  |  | 1/29/29                                    | <u> </u>                |
| A Adam Sch   | midf   |  |  |                         |