PLEASE PRINT

### STATE OF NEW HAMPSHIRE

# 2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Jodi Grin	ibilas,	Adam	Schm	·dt
II. Name of lobbyist's partnership, firm or cor	poration, if any:			
(Name of partnership, firm or corp	trategic	Solun	·~s	
(Name of partnership, firm or corp	oration)			
POBON 233 Northway Business Address: (Street)	d, NH O	3241		
Business Address: (Street)	(Town/City)	(	State)	(Zip Code)
(403) 494-2438 ( )_ (Telephone)	(Fax)	c-mai	<u>jodi</u>	Ojgstrategies. Coir
III. This statement covers: (Choose one – file s reportable expense transactions which are not				nay file a separate report for
☐ All reportable transactions occurring in the m	onths prior to the rep	porting date	relative to	the following client:
NH Mari we (Full Name of Client as it ap	Trades 1	Associ	Ation	•
	pears on the Lobbyist	Registration I	Form)	
<u>OR</u>				
All reportable transactions by the lobbyist (incurrelated to any particular client.	luding the lobbyist's	s family), or	the lobbyin	ng firm listed below which are
IV. Date of Report April 29, 2020		July 29, 2	2020 🗆	
Reports cover: activity from date of registration to	3/31/20 acti	ivity from 4/1/		0
October 28, 2020			27, 2021 🗌	
activity from 7/1/20 to 9/30/20	) act	tivity from 10/		1/20
V. There have been no fees received and no lf this box is checked, complete just this form and State House, Room 204, Concord, NH 03301.				
NA CL. LIE 1300			1	
VI. Check if additional reports are attached:	. 71 . 4 1			_
If you have received fees or made expenditur	=			•
If you have paid an honorarium or reimbursed Expense Reimbursement				
If you, your firm, or your family has made po	litical contributions,	, you must fi	le Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and R and complete to the best of my knowledge and be	SA 664 and hereby stief.	swear or affi	rm that the	foregoing information is true
Sode Grund		10/2	دمدل ما	<b>-</b> 0 ·
(Signature of lobbyist)	<del>_</del>		<u>د مد / ۱۵ ع</u> Di	ate)
(Print Name of lobbyist)	_			
(1 1771 1 14710 01 1000 100)				

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### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

OCT 27 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Jodi Grimbilas Adam Sch	midt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbilas Strategic Solutions (Name of partnership, firm or corporation)	
III. Name of Client NH Murine Trades association	Date /0/24/2020
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 groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>(, 250</u>
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)	b) \$ 5,000 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$_11,250
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 in 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 greate 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, purchase of a r 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	d) \$
(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)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, 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
Sold Hambon	10/20/2020
(Signature of lobbyist)	/υ/ Δ (μ / 3ο 3ο (Date)
Jodi Gambiles	

(Print Name of lobbyist)

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

QSA Chapter 15 OCT 2 7 2020

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

NEW HAMPSHIRE DEPARTMENT OF STATE

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
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): NH Mayne Trades ASSOCIATION
Date of Report (check one):
April 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.  (Signature of lobbust)  (Date)