(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 3 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

						_ [D	EPARTME	NT OF STATE
1. Name of Lobbyist(100i	6.	imbilo	د د د	Adam	Schn	richt	·
II. Name of lobbyist'	s partnership, f	irm ar co	rporation, if a	any:				
J.	brimbi	lus	Strate	nic Sol	utions. L	(_C .		
(Nat	me of partnership.	firm or cor	poration)	100	utions, L		2 24 1	
PO BOX a	122		lo th	المصعف	WH	- /=	3261 200 4	
Business Address: (St	reet)	<u> </u>	(Town/City)	2000	(State)	-1-	(Zîp Code)	
(しじり <u>496 み</u> (Telephone)	u 38	()_	(Fax	κ)	e-mail <u>Jodi</u>	<u>0) (</u>	y strut	egles.com.
III. This statement c reportable expense t						nay file a s	eparate rep	ort for
☐ All reportable tran	isactions occurri	ng in the r	nonths prior to	the reporting	g date relative to t	he followi	ng client:	
	(Full Name of C	lient as it t	ppears on the L	obbyist Regis	tration Form)			
<u>OR</u>								
☐ All reportable transurrelated to any partic	•	obbyist (ir	cluding the lo	bbyist's fam	ily), or the lobbyin	ig firm liste	ed below wi	nich are
unrelated to any partit	uiai chem.					_		
IV. Date of Report	April 24, 201	9 🗔		lu	ly 31, 2019 😴			
•	vity from date of re		to 3/31/19		om 4/1/19 to 6/30/1	9		
	October 30, 2 activity from 7/1/		19		nuary 29, 2020 🗀 From 16/1/19 to 12/3	1/19		
V. There have been If this box is checked. State House, Room 20	complete just the	is form an						•
VI. Check if addition	sal reports are a	ttached:						
If you have received	ed fees or made	expenditu	ires, you must	file Addend	um A- Fees and F	Expenses		
☐ If you have paid a Expense Reimbursem		reimburs	ed expenses, y	ou must file	Addendum B- R	eport of He	onorariums	υr
✓ If you, your firm,	or your family h	as made p	olitical contril	butions, you	must file Addend	um C– Po	litical Contr	ibutions
Sworn Statement/Af I have read RSA 15, F and complete to the b	RSA 15-B, RSA	14-C and		herchy sweu	r or affirm that the	foregoing	information	ı is truc
(Signature of lobbyis	mlles				7/31/19	ate)		
Han:	anh. li	c						

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Jooi Grimbilus,	Adam Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J-6 rimbilus Strategic Solution	unis, LLC.
III. Name of Client DO Whitefeld	Date 7/31/19.
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) S 3625
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) \$ 2375 ear)
c) Total of all fees received to date	1 000
(Add lines a and b)	c)s 6000
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 rep fees. 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 lobbie (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 epenses; (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 he of greater than \$25, purchase of a er 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)s 3625
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
e) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) S 3625
(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)	c) \$ 2375
f) Total of all expenses year to date	ns <u>6000</u>
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	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Toole Humb	7/31/19
(Signature of lobbyist)	(Date)
Josi Grimbilas	
(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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: J. Grimblus Strutes & 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): 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 any knowledge and belief. nature of