## STATE OF NEW HAMPSHIRE

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NEW HAMPSHIRE DEPARTMENT OF STATE

## 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Jodi Grimb	lus,	Adam Schn	nat DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corpora			
J. Corinbilas Str	ntegi	Solutions	
(Name of partnership, firm or corporation	n)		
DOBON 233 Northwood,	ن ۱۹۷	3261	
POBON 233 Northwood, Business Address: (Street) (Tow	n/City)	(State)	(Zip Code)
(しゅろ) <u> </u>	(Fax)	e-mail Jodi	Ojgstrategies. Coir
III. This statement covers: (Choose one – file separteportable expense transactions which are not attri			may file a separate report for
☐ All reportable transactions occurring in the months	s prior to the re	porting date relative to	the following client:
NH ASSOCIATION OF NUM (Full Name of Client as it appears	ze anes	The first to Registration Form)	
<u>OR</u>		- 110 <b>g.</b> 00 m.00	
All reportable transactions by the lobbyist (including unrelated to any particular client.	ng the lobbyist	's family), or the lobby	ring firm listed below which are
IV. Date of Report April 29, 2020		July 29, 2020 🛚	
Reports cover: activity from date of registration to 3/31	1/20 ac	tivity from 4/1/20 to 6/30,	_
October 28, 2020 Activity from 7/1/20 to 9/30/20	a	January 27, 2021 [ ctivity from 10/1/20 to 12	
V. There have been no fees received and no rep If this box is checked, complete just this form and subm State House, Room 204, Concord, NH 03301.			_
VII Charlest additional manager and attack at		•	· ·
<ul><li>VI. Check if additional reports are attached:</li><li>If you have received fees or made expenditures, you</li></ul>	on must file A	ddandum A - Faes and	Evnanças
<ul> <li>If you have paid an honorarium or reimbursed exp</li> <li>Expense Reimbursement</li> </ul>			•
If you, your firm, or your family has made political	ıl contribution	s, you must fil <b>c Adden</b>	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 6 and complete to the best of my knowledge and belief.  (Signature of lobbyist)	664 and hereby	swear or affirm that th	
(Print Name of lobbyist)			

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

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**NCT 2 7 2020** 

NEW HAMPSHIRE DEPARTMENT OF STA

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. brimbiles Strategic Solutions, LLC				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  NH ASSOCIATION OF WUNSC AUESTURE TICKS				
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.				
$\frac{10/26/2020}{\text{(Signature of lobbyist)}}$				
Adam 3 Schmidt				