

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lob	byist(s) Jodi Grimbilus	, Adam Schmidt
II. Name of lob	byist's partnership, firm or corporation, if	any:
	(Name of partnership, firm or corporation)	ic Solvins
	(Name of partnership, firm or corporation)	
POBOL 23	53 Northwood, NH	t 03241
Business Address:	: (Street) (Town/City)	(State) (Zip Code)
(403) 49 4. (Teleph	- 2638 () (Fa	e-mail jodi @jgstrategies.com
III. This statem		orts for each client, OR you may file a separate report for
☐ All reportab	^	the reporting date relative to the following client:
	(Full Name of Client as it appears on the L	obbyist Registration Form)
<u>OR</u>		
	e transactions by the lobbyist (including the loparticular client.	obbyist's family), or the lobbying firm listed below which are
IV. Date of Rep	oort April 29, 2020 🗆	July 29, 2020 🔲
Reports cover:	activity from date of registration to 3/31/20	activity from 4/1/20 to 6/30/20
	October 28, 2020 (1) activity from 7/1/20 to 9/30/20	January 27, 2021 ☐ activity from 10/1/20 to 12/31/20
If this box is che	• · · · · · · · · · · · · · · · · · · ·	le transactions made since the last report. Graph the Secretary of State's Office, 107 North Main Street,
VI. Check if ad	ditional reports are attached:	
	received fees or made expenditures, you must	file Addendum A- Fees and Expenses
☐ If you have		ou must file Addendum B- Report of Honorariums or
If you, your	firm, or your family has made political contri	butions, you must file Addendum C- Political Contributions
I have read RSA	nt/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and the best of my knowledge and belief.	hereby swear or affirm that the foregoing information is true
Sode !	tumb	/0/26/2020· (Date)
(Signature of lo	bbyist)	(Date)
Jodi (o.	rimbiles	
(Print Name of	lobbyist)	

L E A S E P R

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

OCT 27 2020

	.		
1. Name of Lobbyist(s) Jodi Grimbilas Adam Sch	MEW HAMPSHIR DEPARTMENT OF S		
II. Name of lobbyist's partnership, firm or corporation, if any:			
J. Corimbilas Strategic Solutions (Name of partnership, firm or corporation)			
III. Name of Client Partiers Heal Theore System Inc.	Date		
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)\$_/61000		
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) \$ 38.000 ear)		
c) Total of all fees received to date (Add lines a and b)	c)\$ 54,000		
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 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 	a)\$_/4.000		
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 (Add lines a, b and c)	d) \$ /61000
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) \$ 37,000
f) Total of all expenses year to date	1)\$ 54,000
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:
·	\$
	\$
	\$
	\$
	\$
	\$
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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.	
Sode Humb	/\(\sigma\) (\(\sigma\) (\(\sigma\) (Date)
(Signature of lobbyist)	(Date)
Jodi 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. Grimbiles Strategic Solutions, LLC Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Partuers Healthrave System fuc. particular client): Date of Report (check one): October 28, 2020 🗹 January 27, 2021 🗆 July 29, 2020 □ 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. 10/26.1202-0