

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

APR 2 2 2024

NEW RESIPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jodi Grin	nbilas, Adam Schmid	t	
II. Name of lobbyist's partnership, fi	rm or corporation, if any:		
J. Grimbilas Strategic Sol	utions LLC		
(Name of partnership, f	irm or corporation)		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-496-2638</u>	()	_{e-mail} jodi@jgstrategies.com	
(Telephone)	(Fax)		
III. This statement covers: (Choose o	ne – file separate reports for e	ach client. OR vou may	/ file a separate report
reportable expense transactions which			and a suparation toport
			
All reportable transactions occurring	g in the months prior to the repo	orting date relative to the	following client:
Granite	leaf Cannabi	· '5	
(Eull Name of Cl	lient as it appears on the Lobbyist R	egistration Form)	
<u>OR</u>			
All reportable transactions by the lo	bbyist (including the lobbyist's	family), or the lobbying	firm listed below which
unrelated to any particular client.			
IV. Date of Report April 24, 20	124	July 31, 2024	
Reports cover: activity from date of regist		vity from 4/1/24 to 6/3 <u>0/24</u>	
October 30, 20)24 J	anuary 29, 2025	
activity from 7/1/24 to		from 10/1/24 to 12/31/24	
V. There have been no fees receiv If this box is checked, complete just this State House, Room 204, Concord, NH 6	s form and submit it to the Secre		
VI. Check if additional reports are at	ttached:		
If you have received fees or made		endum A- Fees and Exp	penses
If you have paid an honorarium or			
Expense Reimbursement		•	
If you, your firm, or your family ha	is made political contributions,	you must fil e Addendun	ı C– Political Contribut
Sworn Statement/Affirmation by Lot		vices on affirm that the fa	i ifi i i
I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled		wear of affirm that the 10	regoing information is t
		4/22/2024	
(Signature of lobbyist)		(Date	
Jodi Grimbilas		(Date	,
(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

(RSA Chapter 15:6)

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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 LLC	
(Name of partnership, firm or corporation) III. Name of Client Corantle leaf Counabis	Date 4/22/2024
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 service
a) Total of all fees received in this reporting period	a)\$/0 ₁ 500
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)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$_/0,500
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 of 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 lessing 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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50 the 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.b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a)\$ 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)\$ /0,500
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)\$_/0,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$ <u>_</u>
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
Jon J	4/22/2024
(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.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: J. 6vin6iles Strates a Solut
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Counte Leaf Cannabis
Date of Report (check one): April 24, 2024
April 24, 2024 ☑ July 31, 2024 □ October 30, 2024 □ January 29, 2025 □
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 lobbyist) (Date) (Print Name of lobbyist)