	STATE OF NEW F 2021 Statement of Inco for LOBBY (RSA Chapt	me and Expenses ISTS	RECEIVED	ν]
PLEASE PRINT	(NOA Chapt	ci 13)	JUL 27 2021	
I. Name of Lobbyist(s) Jodi Grim	bilas, Adam Schmidt		NEW HAMPSHIRE DEPARIMENT OF STATE	
II. Name of lobbyist's partnership, firm J. Grimbilas Strategic Solu				
(Name of partnership, firm	-			
PO Box 233	Northwood	NH	03861	
Business Address: (Street) 603-496-2638 (Telephone) ((Town/City))(Fax)	(State) JODI@JGST _e-mail	(Zip Code)	
III. This statement covers: (Choose one reportable expense transactions which All reportable transactions occurring in All reportable transactions occurring in (Full Name of Client) All reportable transactions by the lobb unrelated to any particular client.	are not attributable to any one in the months prior to the reporting SOLIA'I (uve Ne in tas it appears on the Lobbyist Regis	client). ng date relative to the two 1k · stration Form)	following client:	
 IV. Date of Report April 28, 2021 Reports cover: activity from date of regis October 27, 202 activity from 7/1/21 of V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 03 VI. Check if additional reports are attached 	stration to 3/31/21 activity f 1 Ja to 9/30/21 activity 1 and no reportable transact form and submit it to the Secretar 301. ached:	y of State's Office, 10	e last report.	
 If you have received fees or made explicitly and the paid an honorarium or restance. Expense Reimbursement If you, your firm, or your family has 	imbursed expenses, you must file	e Addendum B– Repo	ort of Honorariums or	
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledg (Signature of lobbyist) Jodi Grimbilas	C and RSA 664 and hereby swea	ur or affirm that the fo しょうしょう (Date		

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(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jodi Grimbilas, Adam Schmidt

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 Aurt Bertha The Social Cure Network Date 7/23/2021.

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

a)	Total	of all	fees	received	in	this	reporting	period
u,	I Olul	or an	1000	10001104	***	ci i i i	reporting	periou

- b) Total of all fees received this calendar year, prior to this reporting period b) \$ 10,000 (This should equal the total of all prior monthly reports for this calendar year)
- c) Total of all fees received to date (Add lines a and b)
- d) Indicate the amount of any such fees that are due, but have not yet been paid

c)\$ <u>25</u>	5.000	
c	l) \$		

a)\$_15,000

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.

a) \$_____ b) \$_____

c) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

P L

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _	15,000
 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) \$ _	10,000

f) Total of all expenses year to date

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:

Amount.
 \$
 \$
\$
 \$
\$
\$

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist) Jodi Grimbilas

2 23 2021 (Date)

f)\$ 25,000

(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. Grimbilas Strategic 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):

April 28, 2021	July 28, 2021	October 27, 2021	January 26, 2022	
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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)

7/23/2021 (Date)

Adam Schmidt

(Print Name of lobbyist)

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