

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 24 2023

NEW HAMPSHIRE

PLEASE PRINT

I. Name of Lobbyist(s) Jodi C	DEFAILURENT OF STATE		
II. Name of lobbyist's partnersh J. Grimbilas Strategic			
	ship, firm or corporation)		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-496-2638	()	_ _{e-mail} _Jodi@jg	strategies.com
(Telephone)	(Fax)		
All reportable transactions occurred to the control of the control		ing date relative to the training date relative to the training date relative to the instration Form) mily), or the lobbying fully 27, 2022	e following client:
October activity from V. There have been no fees re	26, 2022 activity eccived and no reportable transac st this form and submit it to the Secreta		he last report.
If you have paid an honorariu Expense Reimbursement	are attached: made expenditures, you must file Adder m or reimbursed expenses, you must fil tily has made political contributions, yo	e Addendum B – Re	port of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, F and complete to the best of my known (Signature of lobbyist) Jodi Grimbilas (Print Name of lobbyist)	SA 14-C and RSA 664 and hereby swe owledge and belief.	ear or affirm that the formal state of the for	- FOEWED

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

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JAN 2 4 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	irma	tion	by l	Lobby	ist
Statem	ent of	Income	and	Expe	ense	s for:	

Name of Lobbying partnership, firm, or corporation:	J. Grimbilas Strategic Solutions LLC
Name of Client (leave blank if Statement is for the particular client): ### Supplied The Particular Client (leave blank if Statement is for the particular client): ###################################	partnership, firm, or corporation and not related to any
Date of Report (check one):	ober 26, 2022
	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being
I hereby swear or affirm that the foregoing informat complete to the best of my knowledge and belief. (Signature of lobbyist)	tion on the Statement and each Addendum is true and 1/23/2023 (Date)
Adam Schmidt	
(Print Name of lobbyist)	RECEIVED
	JAN 2 4 2023
	NEW HAMPSHIRE DEPARTMENT OF STATE