

STATE OF NEW HAMPSHIRE

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

JUL 2 9 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

J. Grimbilas Strategic Solut			
(Name of partnership, firm	· · ·	8 / 1 1	20004
PO Box 233	Northwood	NH	03261
usiness Address: (Street)	(Town/City)	(State)	(Zip Code
) 603-496-2638 (Telephone))	e-mail jodi@jgstrategies.com	
(Telephone)	(Fax)		
I. This statement covers: (Choose one portable expense transactions which a	are not attributable to any on	e client).	-
All reportable transactions occurring i	n the months prior to the report	ing date relative to the	following client:
NH SON	umobile Association tas it appears on the Lobbyist Reg	to	
(Full Name of Clien	t as it appears on the Lobbyist Reg	istration Form)	
All reportable transactions by the lobbinelated to any particular client.	yist (including the lobbyist's far	nily), or the lobbying	firm listed below
V. Date of Report April 24, 2024 Reports cover: activity from date of registra	tion to 3/31/24 activity	July 31, 2024 from 4/1/24 to 6/30/24	
October 30, 2024 activity from 7/1/24 to 9.		uary 29, 2025 om 10/1/24 to 12/31/24	ı
V. There have been no fees received If this box is checked, complete just this fo State House, Room 204, Concord, NH 033	rm and submit it to the Secreta	tions made since th ry of State's Office, 10	e last report. 17 North Main Stre
VI. Check if additional reports are atta	ched:		
If you have received fees or made exp			
If you have paid an honorarium or rei	mbursed expenses, you must fil	e Addendum B – Rep	ort of Honorarium
If you, your firm, or your family has r	nade political contributions, voi	u must file Addendun	n C– Political Cor
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-0		ar or affirm that the fo	regoine informati
and complete to the best of my knowledge	and belief.	/ /	
(Signature of lobbyist)		7/29/20) 4.
1 /		(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 Strate, C Solutions, UC Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any 11H Snowwoloile & Ssounton Date of Report (check one): 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.