

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 2 4 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jodi G	rimbilas Adam Schm	idt	
II. Name of lobbyist's partnership,	firm or corporation, if any:		
J Grimbilas Strategic Sc	-		
(Name of partnership	_		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-496-2638 (Telephone)	()	_{e-mail} Jodi@jgs	trategies.com
(Telephone)	(Fax)		
III. This statement covers: (Choose reportable expense transactions wh			y file a separate repor
- -	•	-	
All reportable transactions occurr	ring in the months prior to the rep	orting date relative to the	following client:
(Full Name of	At + Wonder Dient as it appears on the Lobbyist F	Registration Form)	
<u>OR</u>			
All reportable transactions by the	lobbyist (including the lobbyist's	family), or the lobbying	firm listed below which
unrelated to any particular client.			
IV. Date of Report April 26, 202	23 🔽	July 26, 2023	
		ivity from 4/1/23 to 6/30/23	<u> </u>
October 25, 2	2023	January 31, 2024	
activity from 7/1/2:	3 to 9/3 0/23 activity	from 10/1/23 to 12/31/23	
V. There have been no fees receif this box is checked, complete just the State House, Room 204, Concord, NE	his form and submit it to the Secre		
VI. Check if additional reports are	attached:		
If you have received fees or made	e expenditures, you must file Add	lendum A– Fees and Ex	penses
If you have paid an honorarium o			
Expense Reimbursement			
If you, your firm, or your family	has made political contributions,	you must file Addendu r	n C– Political Contribu
Commence Charles and A PP and A P To The Table To	** **		
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge.	14-C and RSA 664 and hereby s	wear or affirm that the fo	oregoing information is
\ \ \ \ \ \		4/24/2023	
(Signature of lobbyist)		(Date	<u></u>
Jodi Grimbilas		Dun	7
(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. Grimbilus Strategic Solutions, LLC Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Light + Wondow 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. <u>412412023</u> (Date) Adam Schmidt

I. Name of Lobbyist(s) Jo	odi Grimbilas		
II. Name of lobbyist's pa	rtnership, firm or (corporation, if any:	
J Grimbilas Strategic			
_	artnership, firm or corporation	on)	<u> </u>
III. Name of Client			_Date 4.24.2023
Political Contributions For each political contrib client/lobbyist and lobby		ole pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Gannon (Last Name)	(i Miam (First Name)	(Middle Name/Initial)
Amount of contribution \$	200	_ Office Candidate is Seeking _	State Sente.
Full name of candidate:	1 Northern	Recky	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	200	Office Candidate is Seeking	State Senate.
	ntribution on the line a		r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	GIM	James.	
	(I set Name)	(First Nama)	(Middle Name/Initial)
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) Stute Senate

If the contribution is an in-kind contribution, provide a descri	iption of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	mount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contri	ributions on separate addendum C forms.)
•	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb	by swear or affirm that the foregoing information
is true and complete to the best of my knowledge and b	
C. di Munch	14/24/223
(Signature of lobbyist)	(Date)
(Signature of lobbyist) Jooi Grub les	(24.0)
(Print Name of lobbyist)	

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J Grimbilas Strategic	thership, firm or corporation		<u> </u>
	-		Date 4.24.2023
III. Name of Client	<u> </u>		_Date
Political Contributions For each political contributions client/lobbyist and lobbyin		ole pursuant to RSA Chapter (c following:	664 paid on behalf of the
Full name of candidate: _	Kenney (Last Name)	Joe (First Name)	(Middle Name/Initial)
			Executive Courail
enter an estimated value and	the word "estimate."		
	<i>C</i>) 1)		
Full name of candidate: _	Chardley (Last Name)	Shannon (First Name)	(Middle Name/Initial)
_	Chardley (Last Name) 200		(Middle Name/Initial) State Senate.
	ind contribution, provi	Office Candidate is Seeking ide a description of the goods or	
Amount of contribution \$ If the contribution is an in-ki actual cost of the in-kind cor	ind contribution, provi	Office Candidate is Seeking ide a description of the goods or	State Senate. services provided, and enter the

If the contribution is an in-kind contribution, provide a descractual cost of the in-kind contribution on the line above for a	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
Jodi Humb	4/24/2023
(Signature of lobbyist) Josi Grab, las	(Date)
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Jod	i Grimbilas		
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
J Grimbilas Strategic S	Solutions LLC		
	ership, firm or corporation)		
III Name of Client			Date 4.24.2023
III. Name of Client			
Political Contributions			
For each political contribut	-		664 paid on behalf of the
client/lobbyist and lobbying	g mm, moicate me i	onowing:	
			··
	^	•	
Full name of candidate:	General	(First Name)	(Middle Name/Initial)
	(Last Name)	•	
Amount of contribution \$	700	Office Candidate is Seeking	State Senate
If the contribution is an in !-	d contribution married	a a deposintion of the conden	or services provided, and enter the
			on. If the actual cost is not known.
enter an estimated value and the		ovo for amount of continuant	in the detail cost is not known.
Full name of candidate:	Pearl	Anward	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seekin	g State Senate.
Almount of contribution \$		_ Office Calididate is Seckin	B JAME GENELO.
If the contribution is an in-kin	d contribution, provid	e a description of the goods o	or services provided, and enter the
actual cost of the in-kind conti enter an estimated value and the		ove for amount of contributio	on. If the actual cost is not known,
enter an estimated value and the	ie word estimate.		
			<u> </u>
			···
Full name of candidate:	Birdsell	00000	
ran name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution &	200	Office Candidate is Seekin	a State Sente

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contributions	s on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swe is true and complete to the best of my knowledge and belief.	ear or affirm that the foregoing information	
(Signature of lobbyist)	4 24 302-3 (Date)	
Joai Gambilas		
(Print Name of lobbyist)		

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I. Name of Lobbyist(s) JODI Grimbilas
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
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
Full name of candidate: Commutate to Elect Howe Republicans (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$ 500 Office Candidate is Seeking
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."
Full name of candidate: <u>NH Democratic Victory Campainic</u> (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$ 500 Office Candidate is Seeking
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."
Full name of candidate: Perking Kwoka Rebecch (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$ 300 Office Candidate is Seeking 572te Service

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contributions or	separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information	
Signature of lobbyist) Jooi Cormbiles	4 24 3023	
(Signature of lobbyist)	(Date)	
(Print Name of lobbyist)		

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P	I. Name of Lobbyist(s) Jodi Grimbilas				
L E A S	II. Name of lobbyist's partnership, firm or corporation, if any: J Grimbilas Strategic Solutions LLC				
P	III. Name of Client				
R I N I	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:				
	Full name of candidate: Stevens Janet (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ 300 Office Candidate is Seeking Executive Council				
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
	Full name of candidate: Source				
	Amount of contribution \$ 300 Office Candidate is Seeking State Serate.				
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
	Full name of candidate: Abbus (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ 200 Office Candidate is Seeking State Sevate				

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
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) (Date)
Print Name of lobbyist)

I. Name of Lobbyist(s) Jod	li Grimbilas		
II. Name of lobbyist's part	tnership, firm or	corporation, if any:	
J Grimbilas Strategic S	Solutions LLC	•	
	nership, firm or corporati	on)	 _
III. Name of Client		_	Date 4.24.2023
Political Contributions For each political contribut client/lobbyist and lobbyin		ble pursuant to RSA Chapter 6 e following:	664 paid on behalf of the
Full name of candidate:	Innis	Dan- (First Name)	(Middle Name/Initial)
	•	, ,	•
Amount of contribution \$	400	_ Office Candidate is Seeking _	State Senate.
Full name of candidate:	1000	Tim	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	700	Office Candidate is Seeking	State Senate.
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line		services provided, and enter the . If the actual cost is not known,
Full name of candidate:	(Last Name)	Kein (First Name)	(Middle Name/Initial)
Amount of contribution \$	ე -დე	Office Candidate is Seeking	StateJenotor

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."			
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(Signature of lobbyist) (Date)			
(Print Name of lobbyist)			

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P	I. Name of Lobbyist(s) Jodi Grimbilas			
L C	II. Name of lobbyist's partnership, firm or corporation, if any:			
A	1 Crimbiles Strategie Salutione 11 C			
E (Name of partnership, firm or corporation)				
P	III. Name of Client			
R L N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of th client/lobbyist and lobbying firm, indicate the following:			
	Full name of candidate: Liceardi Denise (Last Name) (First Name) (Middle Name/Initial)			
	Amount of contribution \$ JOD Office Candidate is Seeking State Sevate.			
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and ente actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kn enter an estimated value and the word "estimate."			
	Full name of candidate: Prents Sue			
	Amount of contribution \$ 200 Office Candidate is Seeking State Sevatt			
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and en actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not enter an estimated value and the word "estimate."			
	Full name of candidate:			
	(Last Name) (First Name) (Middle Name/Initial)			
	Amount of contribution \$ Office Candidate is Seeking			

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."			
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)			
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)	(Date)		
(Signature of lobbyist)	,		
(Print Name of lobbyist)	·		

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