I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2025 Statement of Income and **Expenses for LOBBYISTS**

(RSA Chapter 15)

Jodi Grimbilas, Adam Schmidt, Heidi Kroll

RECEIVED NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

	m or corporation)	522 625 7	
PO Box 233	Northwood	NH	03261
usiness Address: (Street)	(Town/City)	(State)	(Zip Code)
603-496-2638	()	e-mail jodi@jgs	trategies.com
(Telephone)	(Fax)		
I. This statement covers: (Choose on	e – file senarate reports for eac	h client OR you ma	v file a senarate re
eportable expense transactions which	are not attributable to any one	e client).	y me a separate re
7			
All reportable transactions occurring			e following client:
Aunt Bertha Social Care n	etwork (d/b/a Findhel	p)	
	ent as it appears on the Lobbyist Reg	istration Form)	
OR			
All reportable transactions by the lobb	byist (including the lobbyist's fan	nily), or the lobbying	firm listed below w
inrelated to any particular client.			
V. Date of Report April 30, 202	0.5	July 30, 2025	
Reports cover: activity from date of registro		from 4/1/25 to 6/30/25	
October 29, 202		uary 28, 2026	
activity from 7/1/25 to		om 10/1/25 to 12/31/25	
There have been no fees needing	d d 1.1 · - · · · · ·		Г
7. There have been no fees receive f this box is checked, complete just this j	form and submit it to the Secretar	ry of State's Office 11	ie last report. L
tate House, Room 204, Concord, NH 0.	3301.	y of state's Office, 10	77 North Main Stree
I. Check if additional reports are att	a ab a d		
If you have received fees or made ex		dum A Food and Fu	
If you have paid an honorarium or re	eimbursed expenses you must fil	a Addendum P. Den	penses
expense Reimbursement	amoursed expenses, you must m	e Addendum B- Rep	ort of Honorariums
If you, your firm, or your family has	made political contributions, voi	u must file Addendu i	n C- Political Cont
			- c comment com

P L \mathbf{E} A S P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW H. DEPARTMENT CALINTE

J. Grimbilas Strategic Solutions LLC (Name of partnership, firm or corporation)	***
III. Name of Client Aunt Bertha Social Care Network (d/b/a Findhelp)	Date
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 granted reduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$12,000.00
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) \$ 20,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$32,000.00
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 less being 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 greater 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 aggregate total of all expenses pair expenses; (b) the aggregate total of a lee: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for lee of greater than \$25, purchase of ext than \$25, but not greater than \$50, 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 	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

c) \$ ____

d) Total expenses for this reporting period (Add lines a, b and c)	d) § 12,000.00
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) f) Total of all expenses year to date	e) \$ 20,000.00 f) \$ 32,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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
Oods H	10/27/2025
(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.

OCT 28 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

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

Name of Lobbying partnership, firm, or corporation: I Grimbilas Strategic Johns LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Aunt Bertha Social Care Network (dlb/a Findhelp)
Date of Report (check one):
April 30, 2025 □ July 30, 2025 □ October 29, 2025 ☑ January 28, 2026 □
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) 10.27.2025 (Date)
(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.

OCT 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

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

20 MA 1997
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Aunt Bertug Social Cave Wilmon's Alberta Findhely
Date of Report (check one):
April 30, 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)