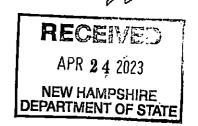


2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



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	•		
	o, firm or corporation)	<u> </u>	
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) <b>603-496-2638</b>	( )	e-mail Jodi@jgs	strategies.com
(Telephone)		e-man	<del>-</del>
III. This statement covers: (Choose			y file a separate report
reportable expense transactions w	hich are not attributable to any o	one client).	
All reportable transactions accur	ring in the months prior to the repo	artina data ralativo ta the	· fallancian aliant
An reportable transactions occur	_	ning date relative to the	tonowing client:
	ISO-NE		
·	Client as it appears on the Lobbyist R	egistration Form)	
<u>OR</u>	1-1-1-1-4 (:1-1:4:-1-1:1-:-2-	C9-2 4-1-11-:	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist's	family), or the lobbying	firm listed below which
7.1			
IV. Date of Report April 26, 20	23	July 26, 2023	
Reports cover: activity from date of	registration to 3/31/23 acti	vity from 4/1/23 to 6/30/23	<b>, '</b>
October 25,		January 31, 2024	
activity from 7/1/2	3 to 9/30/23 activity	from 10/1/23 to 12/31/23	
V. There have been no fees rece If this box is checked, complete just t State House, Room 204, Concord, N	his form and submit it to the Secre		
VI. Check if additional reports are	attached:		
	e expenditures, you must file Add	endum A- Fees and Ex	penses
	or reimbursed expenses, you must		
Expense Reimbursement	, ,		
If you, your firm, or your family	has made political contributions,	you must file <b>Addendu</b> i	n C- Political Contribut
Sworn Statement/Affirmation by I			
I have read RSA 15, RSA 15-B, RSA and complete to the best of my know		wear or affirm that the fi	oregoing information is
and complete to the best of my know	reage and benef.	4/24/2023	
Cyple for			
(Signature of lobbyist)		(Date	e)
Jodi Grimbilas			
(Print Name of Jobhvist)			

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jodi Grimbilas, Adam Sch	midt
II. Name of lobbyist's partnership, firm or corporation, if any:  J Grimbilas Strategic Solutions LLC	
(Name of partnership, firm or corporation)	4/04/0000
III. Name of Client <u>TSO - NE</u>	<sub>Date</sub> 4/24/2023
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 greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 10,600
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).	a) \$ 10, 600 b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c)\$
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 lebeing 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 greate 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 e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50 the expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a)\$_/O, & > D
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 10,600
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) \$
f) Total of all expenses year to date	ns_10,400
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
B	
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.	m that the foregoing information
South	4/24/2023
(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.

Adam Schmidt

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: J. Grimbilus Strutegic 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): 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>4/24/2023</u> (Date)

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: Cannon (Last Name) (First Name) (Middle Name/Initial)			
Amount of contribution \$ 200 Office Candidate is Seeking State Serate -			
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:  Whitey  Becky  (Last Name)  (First Name)  (Middle Name/Initial)			
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: GIM James (Middle Name/Initial)			
Amount of contribution \$ 200 Office Candidate is Seeking State Senate			

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)  (Date)

•

•	I. Name of Lobbyist(s) Jodi Grimbilas		
i C	II. Name of lobbyist's partnership, firm or corporation, if any:  J Grimbilas Strategic Solutions LLC		
<b>\</b> 5			
Ē	(Name of partnership, firm or corporation)		
•	III. Name of Client		
ξ 1	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: Kenney Joe (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: Shannon (Last Name) (First Name) (Middle Name/Initial)		
	Amount of contribution \$ 200 Office Candidate is Seeking State Servete.		
	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: Aserwald Civily		
	(Last Name) (First Name) (Middle Name/Initial)		
	Amount of contribution \$ 200 Office Candidate is Seeking State Sevate.		

the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the tual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, ter an estimated value and the word "estimate."
more than three contributions were made, report additional contributions on separate addendum C forms.)
vorn Statement/Affirmation by Lobbyist
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information true and complete to the best of my knowledge and belief.
gnature of lobbyist)  Josi Granb. las
Topi (ormb: hs
rint Name of lobbyist)

I. Name of Lobbyist(s) JOC	li Grimbilas		
II. Name of lobbyist's par	tnership, firm or c	orporation. if any:	
J Grimbilas Strategic	<b>-</b> ·	<b>-</b>	
	nership, firm or corporation	<u>-</u>	<del>-</del>
III. Name of Client	_	.,	Date 4.24.2023
Political Contributions For each political contributions client/lobbyist and lobbyist		le pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate: _	Gendrew (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	700	Office Candidate is Seeking _	State Senate
enter an estimated value and		Hay 1, 12 A	n. If the actual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seeking	state Senate
	tribution on the line a		r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	Birdsell (Last Name)	Regina (First Name)	(Middle Name/Initial)
Amount of contribution \$	9-0 O	Office Candidate is Seeking	· Stute Senate

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.
Oodi Humi (Signature of lobbyist)  Joai Gambilas  (Date)
(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	24.2023	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid of client/lobbyist and lobbying firm, indicate the following:	on behalf of the	
Full name of candidate: Committee to Elect Howe Republica (Last Name) (First Name) (Middle I	ars 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 practual cost of the in-kind contribution on the line above for amount of contribution. If the accenter an estimated value and the word "estimate."		
Full name of candidate: WH Democratic Victory Campaigne (Middle I (Middle I )		
Amount of contribution \$ 500 Office Candidate is Seeking		
If the contribution is an in-kind contribution, provide a description of the goods or services pactual cost of the in-kind contribution on the line above for amount of contribution. If the accenter an estimated value and the word "estimate."		
Full name of candidate: Perkins Kwoka Rebecca (Last Name) (First Name) (Middle)	Name/Initial)	
Amount of contribution \$ 200 Office Candidate is Seeking 5724e	: Senate	

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)  (Signature of lobbyist)  (Date)
Took Colimbiles (Print Name of lobbyist)
( · ··· ·



I. Name of Lobbyist(s) <u>JO</u>	di Grimbilas		
II. Name of lobbyist's par	rtnership, firm or co	orporation, if any:	
J Grimbilas Strategic	<b>-</b> -	•	
<u> </u>	tnership, firm or corporation	n)	· · · · · · · ·
III. Name of Client			4.24.2023
Political Contributions For each political contributions client/lobbyist and lobbying		le pursuant to RSA Chapter following:	r 664 paid on behalf of the
Full name of candidate: _	Stevens (Last Name)	Janet'	(Middle Name/Initial)
Amount of contribution \$			Executive Council
If the contribution is an in-ki actual cost of the in-kind coi enter an estimated value and	atribution on the line al	de a description of the goods of bove for amount of contribution	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate: _	Sovey (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate is Seekii	ng State Serate.
	ntribution on the line al		or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	Abbas (Last Name)	Dary (First Name)	(Middle Name/Initial)
Amount of contribution \$ 2	rvp	065 01:3-4- :- 01:	no State Senate

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)  (Signature of lobbyist)  (Date)

I. Name of Lobbyist(s) Joc	di Grimbilas		
II. Name of lobbyist's par	tnership, firm or	corporation, if any:	
J Grimbilas Strategic	_	•	1
_	nership, firm or corporati	on)	<del></del>
III. Name of Client		<sub>Date</sub> 4.24.2023	
Political Contributions For each political contributions client/lobbyist and lobbying		ble pursuant to RSA Chapter 6 e following:	664 paid on behalf of the
Full name of candidate: _	Junis (Last Name)	(First Name)	(Middle Name/Initial)
	•	<b>()</b>	,
Amount of contribution \$	200	_ Office Candidate is Seeking _	State Jenate.
Fall rous of 1114	1 .	Tini	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	700	Office Candidate is Seeking	State Senate.
	tribution on the line	vide a description of the goods or above for amount of contribution	
Full name of candidate: _	Murphy	Kein	
Amount of contribution \$	(Last Name))	(First Name) Office Candidate is Seeking	(Middle Name/Initial)

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)

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I. Name of Lobbyist(s) Joo	li Grimbilas		
II. Name of lobbyist's par	tnership, firm or co	poration, if any:	
J Grimbilas Strategic	Solutions LLC		
<u>_</u>	nership, firm or corporation)		<del></del>
III. Name of Client			Date 4.24.2023
Political Contributions For each political contributions client/lobbyist and lobbying			r 664 paid on behalf of the
Full name of candidate:		Denise (First Name)	(Middle Name/Initial)
Amount of contribution \$	<del>ન</del> ૧૦૦ (૧૦૬)	Office Candidate is Seeking	State Sevate.
Eull name of candidate:		Siro	
Full name of candidate: _		(First Name)	(Middle Name/Initial)
Amount of contribution \$	∂ <sub>ev</sub>	Office Candidate is Seeking	ng State Seratt
If the contribution is an in-kir actual cost of the in-kind con- enter an estimated value and	ribution on the line abo	a description of the goods ove for amount of contribution	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate: _			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			

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 Tobbyist)  (Signature of Tobbyist)  (Date)				
(Print Name of lobbyist)				

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