STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

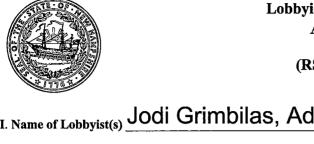
I. Name of Lobbyist(s) Jodi Gri	mbilas, Adam Schmidt	, Heidi Kroll	DEPARTMENT
II. Name of lobbyist's partnership,	firm or corporation, if any		
J. Grimbilas Strategic Sc	•		
(Name of partnership,			
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town City)	(State)	(Zip Code)
603-496-2638			strategies.com
) 603-496-2638 (Telephone)	(Fax)	e-mail	
III. This statement covers: (Choose reportable expense transactions wh			ay file a separate report f
All reportable transactions occurri	ing in the months prior to the repor	ting date relative to the	he following client:
Bridgewater Power (Company		
	Client as it appears on the Lobbyist Res	gistration Form)	
OR			
All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobbyist's far	nily), or the lobbying	g firm listed below which a
amerated to any particular elem.			
IV. Date of Report April 30, 1		July 30, 2025	
Reports cover: activity from date of regi		from 4/1/25 to 6/30/25	
October 29, 2 <i>activity from 7/1/25</i>	L1	nuary 28, 2026 com 10/1/25 to 12/31/25	5
V. There have been no fees recei If this hox is checked, complete just th State House, Room 204, Concord, NH	is form and submit it to the Secreta	tions made since t bry of State's Office, 1	the last report.
VI. Check if additional reports are a	attached:		
If you have received fees or made	expenditures, you must file Adder	ndum A- Fees and E	xpenses
If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, you must fi	le Addendum B – Re	eport of Honorariums or
If you, your firm, or your family h	nas made political contributions, ye	u must file Addend u	ım C– Political Contributio
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and hereby swe	ear or affirm that the	foregoing information is tr
11/2	4	4.28.2025	
(Signature of lobbyist)		(Da	te)
Jodi Grimbilas			
(Print Name of lobbyist)	1,220		

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



I. Name of Lobbyist(s) Jodi Grimbilas, Adam Schm	nidt, Heidi Kroll
II. Name of lobbyist's partnership, firm or corporation, if any: J. Grimbilas Strategic Solutions	
(Name of partnership, firm or corporation) III. Name of Client Bridgewater Power Company	Date 4.28.2025
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 groreduced by any expenses:	relations, or public relations services ss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 5,500
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 ye	a) \$ 5,500 b) \$ 0
c) Total of all fees received to date (Add lines a and b)	_{c)} \$_5,500
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 represes. 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 in 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the persor d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica
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 in a), of \$25 or less.	a) \$ 5,500 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) S 5,500
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	_{f) \$} 5,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	S
	S
	S
	S
	
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
Ju An	4.28.2025
(Signature of lobbyist)	(Date)
Jødi 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.

Sworn	Staten	nent/Aff	firma	ition	by	Lobbyist
Statem	ent of	Income	and	Expe	ense	es for:

Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation:	a vite bridge a whore the
Name of Client (leave blank if Statement is for the partnership	o, firm, or corporation and not related to any
particular client): For inquinter Power Compa	
Date of Report (check one):	
April 30, 2025 ☐ July 30, 2025 ☐ October 29, 2	2025 □ January 28, 2026 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (in submitted):	Income and Expenses described above, and assert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the complete to the best of my knowledge and belief.	
Laile 2. They	(Date)
(Signature of lobbyist)	(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.

Name of Lobbying partnership, firm, or corporation: Sering Las Strateg.c Solutions	Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
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.	· · · · · · · · · · · · · · · · · · ·
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. 4/28/2025	Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Delicated Power Company Delicated Power
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. 4/28/2025	Date of Report (check one):
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. 4/28/2025	April 30, 2025 ☐ July 30, 2025 ☐ October 29, 2025 ☐ January 28, 2026 ☐
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. 4/28/2025	
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. 4/28/2025	Addendum A(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. 4/28/2025	Addendum B(s).
complete to the best of my knowledge and belief. 4/28/2025	Addendum C(s).
$M_{\text{tot}} \propto S_{\text{tot}} + M_{\text{tot}}$	(Signature of lobbyist) (Date)
Print Name of Jobbyist)	(Print Name of lobbyist)