#### STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT	NEW HAMPSHIRE
1. Name of Lobbyist(s) Jooi 6(mbilas	
II. Name of lobbyist's partnership, firm or corporation, if	any:
(Name of partnership, firm or corporation)	ic Solutions, LCC.
POBOY 233 North Business Address: (Street) (Town/City)	(State) (Zip Code)
(603) 496-2638 ( ) (Fa	e-mail jodi@jgstrategies.com
III. This statement covers: (Choose one - file separate reportable expense transactions which are not attributable	
All reportable transactions occurring in the months prior to	o the reporting date relative to the following client:
CUS Health	<b>.</b> .
(Full Name of Client as it appears on the I	obbyist Registration Form)
All reportable transactions by the lobbyist (including the lounrelated to any particular client.	obbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 24, 2019  Reports cover: activity from date of registration to 3/31/19	July 31, 2019
October 30, 2019 1 activity from 7/1/19 to 9/30/19	January 29, 2020 activity from 10/1/19 to 12/31/19
V. There have been no fees received and no reportable of this box is checked, complete just this form and submit it to State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:  I√ If you have received fees or made expenditures, you must	Cla Addendury A. Rose and Expanses
If you have paid an honorarium or reimbursed expenses, y Expense Reimbursement	
If you, your firm, or your family has made political contri	butions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Print Name of lobbyist)

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#### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

## RECEIVED

OCT 25 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

	DEPARTMENT
1. Name of Lobbyist(s) Jooi Grimbilus, Adam	Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbulas Strategic Solutions (Name of partnership, firm or corporation)	
(Name of Client CVS Health	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 gross reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 12,500,01
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) s 29,166.69
c) Total of all fees received to date (Add lines a and b)	c) S 41, 666, 70
<li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repart fees. 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 extendividual expenses where the expenditure was of \$25.00 or less (for example tunch 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.	nay 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 person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for le of greater than \$25, purchase of a r 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.	u) \$ /2,500·01
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

<ul> <li>d) Total expenses for this reporting period (Add lines a, b and c)</li> <li>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)</li> <li>f) Total of all expenses year to date</li> <li>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.</li> </ul>	d) s /2,500.01 e) s 29,144.69 f) s 41,666.70 subbying fees during this reporting
Paid to:	Amount:
	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.  (Signature of lobbyist)  (Print Name of lobbyist)	that the foregoing information  10 25 19 (Date)

### 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)

vorn Statement/Affirmation by Lobbyist atement of Income and Expenses for:
ame of Lobbying partnership, firm, or corporation: 5. Gr: ub.lus Struke, L Sdufine, L
name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any rticular client):
ate of Report (check one):
pril 24, 2019 🗔 July 31, 2019 🖪 October 30, 2019 🖾 January 29, 2020 🗖
nave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and e following Addendums submitted with that Statement (insert the number of Addendum forms being bmitted):
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and simplete to the best of my knowledge and belief.    10/25//9
Adan J. Schnidt