

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

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APR 24 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Jodi Grimbilas Adam Schmidt

I. Name of Lobbvist(s) II. Name of lobbyist's partnership, firm or corporation, if any: J Grimbilas Strategic Solutions LLC (Name of partnership, firm or corporation) PO Box 233 NH 03261 Northwood Business Address: (Town/City) (State) (Zip Code) Jodi@jgstrategies.com III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 26, 2023 IV. Date of Report July 26, 2023 activity from date of registration to 3/31/23 activity from 4/1/23 to 6/30/23 Reports cover: October 25, 2023 January 31, 2024 activity from 7/1/23 to 9/30/23 activity from 10/1/23 to 12/31/23 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, 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. 4/24/2023 (Date) di Grimbilas لأهطأ (Print Name of lobbyist)

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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 Mass General Brigham	Date 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 groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 17, 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 year)	b) \$
c) Total of all fees received to date (Add lines a and b)	0)\$_{7,500
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 rep 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 ex individual 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.	a)\$ 17,500
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) \$ -

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 17,500
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	1) \$ 17, 500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, 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
Joda M	4/24/2023
(Signature of lobbyist)	(Date)
Jódi 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.

(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 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). ν 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> Adam Schmidt

P	I. Name of Lobbyist(s) Jodi Grimbilas		
L E	II. Name of lobbyist's partnership, firm or corporation, if any:		
4. S	J Grimbilas Strategic Solutions LLC		
E	(Name of partnership, firm or corporation)		
P	III. Name of Client		
R I Political Contributions N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of client/lobbyist and lobbying firm, indicate the following:			
	Full name of candidate: Carmon Cilliam (Last Name) (First Name) (Middle Name/Initial)		
	Amount of contribution \$ 200 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: Whitey Becky (Middle Name/Initial)		
	Amount of contribution \$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: Colon James		
	(Last Name) (First Name) (Middle Name/Initial)		
	Amount of contribution \$ 260 Office Candidate is Seeking State Servate		

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."	
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contributions)	tions on congrete addendum (forms)
Sworn Statement/Affirmation by Lobbyist	nons on separate acceleration of forms.
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and believed.	
(Signature of lobbyist)	4 24 202-3 (Date)
(Signature of lobbyist) Too i Grunb las (Print Name of lobbyist)	
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I. Name of Lobbyist(s) JOC	di Grimbilas		
II. Name of lobbyist's par	tnership, firm or c	orporation, if any:	
J Grimbilas Strategic	- ·		
	tnership, firm or corporation	n)	
III. Name of Client			Date 4.24.2023
Political Contributions For each political contributions client/lobbyist and lobbyist		le pursuant to RSA Chapter 60 following:	64 paid on behalf of the
Full name of candidate:			(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate is Seeking	Executive Casacil
Full name of candidate:	Clastian		
run name of candidate	(Last Name)	Shannon (First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seeking	State Senate.
	tribution on the line a	de a description of the goods or shove for amount of contribution.	
Full name of candidate:	0	0.1	
	(Last Name)	(First Name)	(Middle Name/Initial) Stute 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 contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herebis true and complete to the best of my knowledge and be	
Jodi Hunt	4/24/2023
(Signature of lobbyist) Joni Granh, las	(Date)
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Jod	i Grimbilas		
II. Name of lobbyist's part	tnership, firm or co	orporation, if any:	
J Grimbilas Strategic S	Solutions LLC		
(Name of parts	nership, firm or corporation)	
III. Name of Client			Date 4.24.2023
D-1241-6			
Political Contributions For each political contribut	ion that is renortabl	e nursuant to RSA Chapte	r 664 naid on behalf of the
client/lobbyist and lobbying			. oo i pala on bonan bi int
<u> </u>			
Full name of candidate:	Gendrem	(First Name)	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	7 00	Office Candidate is Seeking	State Senate
Teaha aantalihantian ta aa ta 11	•		or services provided, and enter the
	ribution on the line ab		on. If the actual cost is not known,
enter an estimated value and t	ne word "estimate."		
Full name of candidate:	Pearl	Howard	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seeki	ng <u>State Senate</u>
If the contribution is an in-kin	id contribution provid	le a description of the goods	or services provided, and enter the
actual cost of the in-kind cont	ribution on the line ab	ove for amount of contributi	on. If the actual cost is not known,
enter an estimated value and t	he word "estimate."		
			
Full name of candidate:	Birdsell	Realvá	
_	(Last Name)	(First Name)	(Middle Name/Initial)
A	200	Office Condidate is Seels	no State Someto

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) 4 24 3023 (Date)		
(Signature of lobbyist) (Date) Tool Gambiles (Print Name of lobbyist)		

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	I. Name of Lobbyist(s) JOOI Grimbilas				
	TT N				
	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: Committee to Elect House Republicains (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>UH Democratic Victory Company</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."				
	E. H				
	Full name of candidate: Perking Kwoka Kebecca (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ 200 Office Candidate is Seeking 5 tate 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)	
Tool Grimbilus (Print Name of lobbyist)	
(a anno a manara da a de de jude j	

P	I. Name of Lobbyist(s) Jodi Grimbilas
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S	J Grimbilas Strategic Solutions LLC
E	(Name of partnership, firm or corporation)
P	III. Name of Client
R I N T	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 Tanet (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: Sovey Down (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: Abbus Darry
	(Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 200 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."	
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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) Too i Grumbilis (Print Name of lobbyist)	
(I THE NAME OF LOODYISE)	

•	I. Name of Lobbyist(s) Jodi Grimbilas						
i. E	II. Name of lobbyist's partnership, firm or corporation, if any:						
A	J Grimbilas Strategic Solutions LLC						
Ē							
•	III. Name of Client		Date 4.24.2023				
λ Γ	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:	Last Name)	Dav. (First Name)	(Middle Name/Initial)			
	Amount of contribution \$ 200	•	,	State Senate			
	ranount of conditioning		ince Candidate is Seeking				
	Full name of candidate:	a estimate.	Tim.				
		Last Name)	(First Name)	(Middle Name/Initial)			
	Amount of contribution \$	D	Office Candidate is Seekii	18 <u>State Senate.</u>			
	If the contribution is an in-kind contractual cost of the in-kind contribution enter an estimated value and the word	n on the line abov	a description of the goods e for amount of contribution	or services provided, and enter the on. If the actual cost is not known,			
	Full name of candidate:	Last Name	Kein (First Name)	(Middle Name/Initial)			
	Amount of contribution \$	0	Office Candidate is Seeking	ng State Senator			

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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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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P	I. Name of Lobbyist(s) Jodi Grimbilas						
L E	II. Name of lobbyist's partnership, firm or corporation, if any:						
A S	J Grimbilas Strategic Solutions LLC						
S E	_	tnership, firm or corporation	n)				
P	III. Name of Client			_ _{Date} 4.24.2023			
R I N T	Political Contributions For each political contributions client/lobbyist and lobbyist	664 paid on behalf of the					
	Full name of candidate: _	(Last Name)	Denise (First Name)	(Middle Name/Initial)			
	Amount of contribution \$, ,	Office Candidate is Seeking	•			
	If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line a	de a description of the goods o	or services provided, and enter the in. If the actual cost is not known,			
	Full name of candidate:	Prents's (Last Name)	Sve (First Name)	(Middle Name/Initial)			
	Amount of contribution \$	<u>)</u> එව	Office Candidate is Seekin	g State Serate			
		tribution on the line a		or services provided, and enter the n. If the actual cost is not known,			
	Full name of candidate:						
	_	(Last Name)	(First Name)	(Middle Name/Initial)			
	Amount of contribution \$		Office Candidate is Seekin	g			

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

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