

## STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 2 9 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jodi Gri	mbilas, Adam Schmidt		
II. Name of lobbyist's partnership,			- <del></del>
J. Grimbilas Strategic Sc			
(Name of partnership,			<del></del>
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) <u>603-496-2638</u> (Telephone)	( )	e-mail jodi@jgstrategies.com	
(Telephone)	(Fax)	e-man	
III. This statement covers: (Choose reportable expense transactions wh			y file a separate report
All reportable transactions occurr	ing in the months prior to the report	ing date relative to the	e following client:
	TIAdes ASOCIA		
<u>OR</u>	orient as a appears on the coppyist Net	nonation i oilii)	
	obbyist (including the lobbyist's fa	mily), or the lobbying	firm listed below which
unrelated to any particular client.			
IV. Date of Report April 24, 2 Reports cover: activity from date of reg October 30, 2	istratio <u>n to</u> 3/31/24 activit	July 31, 2024 v from 4/1/24 to 6/30/24	
activity from 7/1/24		om 10/1/24 to 12/31/24	
V. There have been no fees recei If this box is checked, complete just th State House, Room 204, Concord, NE	is form and submit it to the Secreta		
VI. Check if additional reports are			
If you have received fees or made			
If you have paid an honorarium o Expense Reimbursement	r reimbursed expenses, you must fi	e Addendum B– Rep	ort of Honorariums or
lf you, your firm, or your family l	ras made political contributions wo	u must file Addendur	m C_ Political Contributi
- 1- Joss Joss min, or Jose latinly	and made permear contributions, yo	- mast me Augenun	a C-1 onnear Contributi
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowl	14-C and RSA 664 and hereby swe	ar or affirm that the fo	oregoing information is to
Dods H		7/20/2024	
(Signature of lobbyist)		(Date	<del></del>
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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: J. Gr. Mb. Las Strata, a Solutions, UC Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any NA Marine trades Associabel 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. (Signature of lobbyist)