2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) APR 2 4 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

		as Adam Schmid	nr	<u> </u>
II. Name of lobbyist's pa	rtnership, firm or	corporation, if any:		
J Grimbilas Strat	egic Solution	is LLC		
(Name of	f partnership, firm or o	corporation)		<u></u>
PO Box 233		Northwood	NH	03261
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
, 603-496-263	38 ,	\	_{e-mail} Jodi@jgs	trategies.com
(Telephone)		(Fax)	e-man	_ -
		ile separate reports for ea		file a separate repo
eportable expense trans	actions which are	not attributable to any or	пе сцепт).	
All reportable transact	ions occurring in th	e months prior to the repor	ting date relative to the	following client:
	~		ing date relative to the	ionowing chent.
	Scientific	Cames L	lC	
OR (F	ull Name of Client as	it appears on the Lobbyist Re	gistration Form)	
	one by the lobbyist	(including the lobbyist's fa	amily) or the labbuing	Same listed below whis
inrelated to any particular		(including the loopyist's is	anniy), or me loooying	urm usted below which
Reports cover: activity fr Oc activity	pril 26, 2023 com date of registration ctober 25, 2023 cy from 7/1/23 to 9/30/		July 26, 2023	a last raport
	plete just this form	and submit it to the Secreta		
VI. Check if additional r	eports are attache	d:		
/ If you have received f		lituana unu muunt filo Addo	ndum A- Fees and Exp	ongog
I you have received i	ees or made expend	mures, you must me Aude		CHSCS
If you have paid an ho	-	ursed expenses, you must fi	-	
If you have paid an ho Expense Reimbursement	onorarium or reimbi	=	ile Addendum B – Repo	ort of Honorariums or

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	4 11
I. Name of Lobbyist(s) Jodi Grimbilas, Adam Schi	miat
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 Scient fix Games UC.	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 gross reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 10,000
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)	c)\$ <u>10.000</u>
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 reported. 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 mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office 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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person divided with a value of \$25.00 or less); and ting period of greater than \$25.00 for expense of a 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.	a)\$10.000
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) \$
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)\$_/0,000
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.	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.	m that the foregoing information
Jodi Am	4/24/2023
(Signature of lobbyist)	(Date)
Jŏdi 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 Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: J. Grimbilus Strategic Solutions, La
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Schutchic Games, LLC
Date of Report (check one): April 26, 2023 □ July 26, 2023 □ October 25, 2023 □ January 31, 2024 □
April 20, 2023 Ly July 20, 2023 Li October 23, 2023 Li January 31, 2024 Li
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. 4/24/2023 (Signature of lobbyist) (Date) (Print Name of lobbyist)

I. Name of Lobbyist(s) <u>Jo</u>	or Orinibilas			
II. Name of lobbyist's partnership, firm or corporation, if any:				
J Grimbilas Strategio	J Grimbilas Strategic Solutions LLC			
_	artnership, firm or corporation	on)		
III. Name of Client			Date 4.24.2023	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid client/lobbyist and lobbying firm, indicate the following:		64 paid on behalf of the		
Full name of candidate:	Gannon (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	200	_ Office Candidate is Seeking _	State Senate.	
enter an estimated value an		above for amount of contribution.		
Full name of candidate:	Whitley	Ω_{α} (a)		
i dii hamo di candidate.	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	,	
Amount of contribution \$ _ If the contribution is an in-l	(Last Name) ADD kind contribution, proventribution on the line a	(First Name) Office Candidate is Seeking ride a description of the goods or above for amount of contribution.	State Servate. Services provided, and enter the	
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co enter an estimated value an	(Last Name) ADD kind contribution, provontribution on the line and the word "estimate."	ride a description of the goods or above for amount of contribution.	State Senate. Services provided, and enter the	
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) ADD kind contribution, proventribution on the line a	ride a description of the goods or	State Servate. Services provided, and enter the	

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)

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 4.24.2023				
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: 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: Osevald Civily (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ 200 Office Candidate is Seeking State 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 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.
Jodi Humb 4/24/2023
Signature of lobbyist) (Date)
(Print Name of lobbyist)

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: Correction (Carrier (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: Year Howard (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: Brasell Regina (Middle Name/Initial) (Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution \$ 200 Office Candidate is Seeking Stute Sevate				

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	
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(If more than three contributions were made, report additional contributions)	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	
(Signature of lobbyist)	4 24 302-3 (Date)
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) _	odi Grimbilas	<u> </u>	<u> </u>
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
J Grimbilas Strategi	c Solutions LLC	•	
	partnership, firm or corporation	.)	
III. Name of Client			Date 4.24.2023
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable		napter 664 paid on behalf of the
Full name of candidate:	Commutee to	Elect Howe (First Name)	Republicans (Middle Name/Initial)
Amount of contribution \$	500	Office Candidate is See	king
If the contribution is an inactual cost of the in-kind center an estimated value ar	kind contribution, provide ontribution on the line ab	le a description of the go	oods or services provided, and enter the ribution. If the actual cost is not know
Full name of candidate: Amount of contribution \$			ampaigné (Middle Name/Initial) Seeking
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	ontribution on the line ab	le a description of the go	oods or services provided, and enter the ibution. If the actual cost is not known
Full name of candidate:	Perking Kw (Last Name)	oka Keloec (First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is S	leeking 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)
(Print Name of lobbyist)

•	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					
I	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: Sover Down. (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: Abous (Last Name) (First Name) (Middle Name/Initial)					
	Amount of contribution \$ 200 Office Candidate is Seeking State Servate					

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and en actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not lenter an estimated value and the word "estimate."			
	1		
(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 inform is true and complete to the best of my knowledge and belief.	nation		
(Signature of lobbyist) (Date)			
Print Name of lobbyist)	٠		

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	Tonn Tar(a)	di Grimbilas			
II. Name of lobbyist's partnership, firm or corporation, if any: J Grimbilas Strategic Solutions LLC					
III. Name o	of Client			_ _{Date} 4.24.2023	
For each po		ution that is reportaling firm, indicate the	ble pursuant to RSA Chapter (e following:	664 paid on behalf of the	
Full name	of candidate:	Innis (Last Name)	Dan- (First Name)	(Middle Name/Initial)	
Amount of	contribution \$,	Office Candidate is Seeking		
			· · · · · · · · · · · · · · · · ·		
Full name	of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
	of candidate:	Lava (Last Name) 200	, ,	(Middle Name/Initial) Stute Serate-	
Amount of o	contribution \$ _ bution is an in-k of the in-kind co	JOO ind contribution, prov	Office Candidate is Seeking ride a description of the goods or above for amount of contribution		
Amount of o	contribution \$ _ bution is an in-k of the in-kind co	ind contribution, prov	Office Candidate is Seeking ride a description of the goods or above for amount of contribution	State Senate. Services provided, and enter the	

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(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) Jodi Grimbilas					
	II. Name of lobbyist's partnership, firm or corporation, if any:					
	J Grimbilas Strategic Solutions LLC (Name of partnership, firm or corporation)					
1	4 24 2023					
	III. Name of Client Date					
[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: Liceardi Denise (Last Name) (First Name) (Middle Name/Initial)					
	Amount of contribution \$ 100 Office Candidate is Seeking State Sevate.					
	Full name of candidate: Vents's Sue (Last Name) (Middle Name/Initial)					
	Amount of contribution \$ 200 Office Candidate is Seeking State 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."					
	Full name of candidate:					
	Full name of candidate: (Last Name) (First Name) (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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