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

JUL 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Heidi L. Kroll		DEPARTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if a	ny:	
J. Grimbilas Strategic Solutions, LLC	•	
(Name of partnership, firm or corporation)		
4 Park St. Suite 100 Concord	NH	03301
Business Address: (Street) (Town/City)	(State)	(Zip Code)
() (603) 496-2345 (Telephone) (Fax)	e-mail heidi@jgst	trategies.com
(Telephone) (Fax))	
III. This statement covers: (Choose one – file separate repor		y file a separate report for
reportable expense transactions which are not attributable	to any one chent).	
All reportable transactions occurring in the months prior to	the reporting date relative to th	e following client:
	- · · · · · · · · · · · · · · · · · · ·	•
(Full Name of Client as it appears on the Lo	bbvist Registration Form)	
<u>OR</u>	···,···,	
All reportable transactions by the lobbyist (including the lob	byist's family), or the lobbying	firm listed below which are
unrelated to any particular client.		
IV. Date of Report April 30, 2025	July 30, 2025	
Reports cover: activity from date of registration to 3/31/25	activity from 4/1/25 to 6/30/25	
October 29, 2025	January 28, 2026	
activity from 7/1/25 to 9/3 0/25	activity from 10/1/25 to 12/31/25	
V. There have been no fees received and no reportable	transactions made since th	he last report
If this box is checked, complete just this form and submit it to the	ne Secretary of State's Office, 1	07 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 f	ile Addendum A – Fees and Ex	kpenses
If you have paid an honorarium or reimbursed expenses, yo	ou must file Addendum B – Rep	port of Honorariums or
Expense Reimbursement		
If you, your firm, or your family has made political contrib	utions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and h and complete to the best of my knowledge and belief.	ereby swear or affirm that the f	oregoing information is true
		_
(Signature of lobbyist)	<u>7 · 28 · 2025</u> (Dat	<u> </u>
Heidi L. Kroll	(Dat	<i>כ</i> ן
(Print Name of lobbyist)		

I. Name of Lobbyist(s) Heid	i L. Kroll		
II. Name of lobbyist's partr	nership, firm or corpo	oration, if any:	
J. Grimbilas Strategic S	Solutions, LLC		
_	rship, firm or corporation)		
III. Name of Client		·	Date
Political Contributions For each political contribution client/lobbyist and lobbying			664 paid on behalf of the
Full name of candidate:	earl	Howard	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	$_{ m Offi}$	ce Candidate is Seeking	State Senate
Ru c Re	ochefort	David	
Full name of candidate: Ro	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	, ,	Office Candidate is Seekin	State Senate
	ibution on the line above		or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	McConkey	Mark	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0	Office Candidate is Seekin	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."	
<u> </u>	
(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) 7.28.2025 (Date)	
Heidi L. Kroll (Print Name of lobbyist)	

I. Name of Lobbyist(s) Heid	i L. Kroll		
II. Name of lobbyist's partn	iership, firm or c	orporation, if any:	
J. Grimbilas Strategic S	solutions, LLC		
(Name of partne	rship, firm or corporation	n)	
II. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying			er 664 paid on behalf of the
Full name of candidate: Ini	nis	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100)	Office Candidate is Seeking	_g State Senate
Full name of candidate: A		Kevin	
run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100)	Office Candidate is Seek	
If the contribution is an in-kind			
	ibution on the line a		s or services provided, and enter t tion. If the actual cost is not know
actual cost of the in-kind contri	ibution on the line a		
actual cost of the in-kind contri	Carson (Last Name)	bove for amount of contribu	

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	
· · · · · · · · · · · · · · · · · · ·	
(If more than three contributions were made, report additional contri	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	•
Hidi 2. Koll	1 · 28 · 20 25 (Date)
(Signature of lobbyist)	(Date)
Heidi L. Kroll	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Heid	i L. Kroll		
II. Name of lobbyist's parti	tership, firm or co	orporation, if any:	
J. Grimbilas Strategic S	Solutions, LLC		
(Name of partne	ership, firm or corporation	1)	
III. Name of Client			_Date
Political Contributions For each political contribution client/lobbyist and lobbying			664 paid on behalf of the
Full name of candidate:	eardon	Tara	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	<u> </u>	Office Candidate is Seeking	olale Senale
actual cost of the in-kind contrenter an estimated value and the Full name of candidate:	e word "estimate."	Victoria	If the actual cost is not known
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0	Office Candidate is Seeking	State Senate
If the contribution is an in-kind	I contribution, providibution on the line al	de a description of the goods or	services provided, and enter the
E-11	Gray	Jim	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
A	0		State Senate

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for ameenter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and bel	
Signature of lobbyist)	7.28.2025 (Date)
Heidi L. Kroll (Print Name of lobbyist)	

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I. Name of Lobbyist(s) Heic	di L. Kroll		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
J. Grimbilas Strategic S	•	, ,	
_	ership, firm or corporation	n)	
III. Name of Client			Date
Political Contributions For each political contributi	on that is reportab	le pursuant to RSA Chapte	er 664 paid on behalf of the
client/lobbyist and lobbying			•
0	shorna	Jason	
Full name of candidate: \underline{O}	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	• • •	` ,	
Amount of contribution \$		Office Candidate is Seeking	<u> </u>
	ribution on the line a		s or services provided, and enter the tion. If the actual cost is not know
		 	
Full name of candidate: N	ew Hampshir	e Senate Democra	atic Caucus
i un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0	Office Candidate is Seek	_{ing} State Senate
			s or services provided, and enter the tion. If the actual cost is not know
enter an estimated value and the	ne word "estimate."		
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

f #	re for amount of contribution. If the actual cost is not known,
cited an estimated varies and the word estimate.	
(If more than three contributions were made, report addition	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	d hereby swear or affirm that the foregoing information and belief.
Hist. I. Kroll (Signature of lobbyist)	
Heidi L. Kroll	
(Print Name of lobbyist)	