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

RECEIVED

APR 2 4 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT I. Name of Lobbyist(s) Jodi Grimbilas Adam Schmidt

J Grimbilas Strategic So	lutions LLC		
(Name of partnership,	, firm or corporation)		
PO Box 233	Northwood	NH	03261
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-496-2638	()	_{e-mail} Jodi@jgs	trategies.com
(Telephone)		e-man	
III. This statement covers: (Choose reportable expense transactions wh	ich are not attributable to an	y one client). eporting date relative to the	-
(Full Name of	Uanagement leson Client as icappears on the Lobbyis	of Registration Form	CADMAK
<u>OR</u>		J ,	
All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobbyist	s's family), or the lobbying	firm listed below which
IV. Date of Report April 26, 202 Reports cover: activity from date of r October 25, 2	registration to 3/31/23 a	July 26, 2023	
activity from 7/1/23	10 9/30/23 activ	ity from 10/1/23 to 12/31/23	1
V. There have been no fees recei If this box is checked, complete just th State House, Room 204, Concord, NH	iis form and submit it to the Sec	nsactions made since th cretary of State's Office, 10	e last report 7 North Main Street,
VI. Check if additional reports are	attached:		
If you have received fees or made		ddendum A– Fees and Exp	penses
If you have paid an honorarium o Expense Reimbursement	r reimbursed expenses, you mu	ıst file Addendum B – Rep	ort of Honorariums or
If you, your firm, or your family l	has made political contribution	s, you must file Addendun	a C- Political Contrib
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA		y swear or affirm that the fo	regoing information is
and complete to the best of my knowl			- -
Jode Sh		4/24/2023	
(Signature of lobbyist)		(Date)
Jodí Grimbilas			
ocal Chiribilas			

PLEASE PRINT

in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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 Select Maragement Reservos	_{Date} <u>4/24/2023</u>
Callola Coase Man)	
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 service
a) Total of all fees received in this reporting period	a)\$_}8,000
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) \$ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>\</u> \8,000
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 repfees. 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 of 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 exindividual 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.	client and if expenditures are made may be filed for the lobbyist(s)/fire aggregate total of all expenses particles; (b) the aggregate total of ele: meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); a parting period of greater than \$25.00 or less or than \$25, but not greater than \$25, but not greater than \$25, expense reimbursement, or political may be supposed to the services of the servi
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a)\$_\8,000

c) \$ _____

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 19.000
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)\$ <u>[18,000</u>
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:
	\$
	\$
	\$
<u> </u>	\$
	\$
	\$
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
Sou 4	4/24/2023
(Signature of lobbyist)	(Date)
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, Grimbilus Strategic Solutions, L Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Select Managemet Assurass (d/b/a Loun May)
Date of Report (check one):
April 26, 2023
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) 1
Adam Schmidt

•	I. Name of Lobbyist(s) Jodi Grimbilas			
,	II. Name of lobbyist's partnership, firm or corporation, if any:			
	J Grimbilas Strategic Solutions LLC			
1	(Name of partnership, firm or corporation)			
	III. Name of Client 4.24.2023			
l L	III. Name of ClientDate			
•	Political Contributions			
Ī	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: Cannon William (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: Whitley Becky (Last Name) (First Name) (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: 6/14 James.			
	(Last Name) (First Name) (Middle Name/Initial)			
	Amount of contribution \$ 2.60 Office Candidate is Seeking State Serva te			

I. Name of Lobbyist(s) <u>JC</u>	di Grimbilas	- .	
II. Name of lobbyist's partnership, firm or corporation, if any:			
J Grimbilas Strategio	Solutions LLC		
	rtnership, firm or corporati	on)	
III. Name of Client			_ _{Date} 4.24.2023
Political Contributions For each political contrib client/lobbyist and lobbyi		ble pursuant to RSA Chapter 6 e following:	664 paid on behalf of the
Full name of candidate:	Kenney (Last Name)	Joe (First Name)	(Middle Name/Initial)
Amount of contribution \$	300	_ Office Candidate is Seeking _	Executive Courail
enter an estimated value and		above for amount of contribution	. If the actual cost is not known,
Full name of candidate:	Chardley (Last Name)	Shannon (First Name)	(Middle Name/Initial)
Amount of contribution \$ _	900	Office Candidate is Seeking	State Senate.
	ntribution on the line	vide a description of the goods or above for amount of contribution	
Full name of candidate:	Organis (A)	Co colu.	
ruil name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seeking	State Senate

If the contribution is an in-kind contribution, provide a description of the g actual cost of the in-kind contribution on the line above for amount of cont enter an estimated value and the word "estimate."	oods or services provided, and enter the ribution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions on sep	arate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief.	ffirm that the foregoing information
Santy of John	4/24/2023
(Signature of lobbyist) Josi Granh, las	(Date)
(Print Name of lobbyist)	

I. Name of Lobbyist(s) <u>JOC</u>	li Grimbilas		
II. Name of lobbyist's par	tnership, firm or c	orporation, if any:	
J Grimbilas Strategic	Solutions LLC		
(Name of part	nership, firm or corporation		
III. Name of Client			_ _{Date} 4.24.2023
Political Contributions For each political contribu client/lobbyist and lobbyir		e pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Gendreau (Last Name)	Carrie (First Name)	(Middle Name/Initial)
Amount of contribution \$	700	Office Candidate is Seeking _	State Senate
enter an estimated value and			n. If the actual cost is not known,
Full name of candidate: _	(Last Name)	Howard (First Name)	(Middle Name/Initial)
Amount of contribution \$	200	Office Candidate is Seekin	state Senate
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line al	de a description of the goods on the goods on the goods on the goods of contributions.	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	Birdsell	Regiva	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	20 O	Office Candidate is Seekin	g State Senate

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I. Name of Lobbyist(s) Jodi Grimbilas	
II. Name of lobbyist's partnership, firm or corpor	ation, if any:
J Grimbilas Strategic Solutions LLC	
(Name of partnership, firm or corporation)	
III. Name of Client	Date 4.24.2023
Political Contributions For each political contribution that is reportable purs client/lobbyist and lobbying firm, indicate the follow	
Full name of candidate: Commutate to El (Last Name)	•
Amount of contribution \$ 500 Office	e Candidate is Seeking
If the contribution is an in-kind contribution, provide a de actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	escription of the goods or services provided, and enter the or amount of contribution. If the actual cost is not known,
Full name of candidate: NH Democratic (Last Name) Amount of contribution \$ 500 Of	
If the contribution is an in-kind contribution, provide a de actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
Full name of candidate: Perking Kurko (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$OOOf	fice Candidate is Seeking State Senate

f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, nter an estimated value and the word "estimate."
f more than three contributions were made, report additional contributions on separate addendum C forms.)
worn Statement/Affirmation by Lobbyist
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information strue and complete to the best of my knowledge and belief.
Signature of lobbyist) U24 2023 (Date)
Print Name of lobbyist) (Date)



I. Name of Lobbyist(s) <u>JO</u>	di Grimbilas				
II. Name of lobbyist's partnership, firm or corporation, if any: J Grimbilas Strategic Solutions LLC					
III. Name of Client			_ _{Date} 4.24.2023		
Political Contributions For each political contribu		e pursuant to RSA Chapter following:	664 paid on behalf of the		
Full name of candidate:	Stevens (Last Name)	Janet (First Name)	(Middle Name/Initial)		
Amount of contribution \$			Executive Council		
enter an estimated value and	the word "estimate."		on. If the actual cost is not known,		
Full name of candidate: _	Sovey (Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$	300	Office Candidate is Seekin	g State Senate.		
	ntribution on the line al		or services provided, and enter the on. If the actual cost is not known,		
Full name of candidate:	Abbas (Last Name)	Dany (First Name)	(Middle Name/Initial)		
Amount of contribution \$ 3	100	Office Candidate is Seekir	ig 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) (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					
ľ	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: Danis Dan. (Last Name) (First Name) (Middle Name/Initial)					
	Amount of contribution \$ 200 Office Candidate is Seeking State Serate.					
	Full name of candidate: (Last Name) (First Name) (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: Kein (Last Name) (First Name) (Middle Name/Initial)					
	Amount of contribution \$ 200 Office Candidate is Seeking State Service					

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)					
(Signature of lobbyist) (Date) (Print Name of lobbyist)					
(- Time - Time of Adday int)					

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I. Name of Lobbyist(s) JOC	li Grimbilas	 	
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:	
J Grimbilas Strategic	Solutions LLC		
<u> </u>	mership, firm or corporation)		
III. Name of Client		<u>.</u>	4.24.2023
Political Contributions For each political contributions client/lobbyist and lobbyir			er 664 paid on behalf of the
Full name of candidate: _	Ricciavali (Last Name)	Venuse (First Name)	(Middle Name/Initial)
Amount of contribution \$	JoD c	office Candidate is Seeking	: State Serate.
enter an estimated value and		C.A	ion. If the actual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$) 80	Office Candidate is Seek	ing State Serate
	tribution on the line abo		or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$,	Office Candidate is Seek	·
тановин от сощиновной ф		_ CILION CHILLICATO IS SOOK	····B

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a	iption of the goods or services provided, and enter the mount 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)	nbutions 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	
(Signature of lobbyist)	4 2023 (Date)
Jooi Grimbilas	
(Print Name of lobbyist)	

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