THE OF THE PARTY O

I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Jodi Grimbilas, Adam Schmidt, Heidi Kroll

| (Name of partnership, firm or c | corporation) | | |
|---|-------------------------------|-----------------------------|---------------------------------------|
| PO Box 233 | Northwood | NH | 03261 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| 603-496-2638 | Y | _{e-mail} jodi@jgst | rategies.com |
| (Telephone) | (Fax) | c-man | |
| II. This statement covers: (Choose one – fil | le senarate renorts for ea | ch client OR von may | file a senarate renort fo |
| eportable expense transactions which are | not attributable to any or | ne client). | ine a separate report to |
| 7 | | | |
| All reportable transactions occurring in the | e months prior to the repor | ting date relative to the | following client: |
| NH Snowmobile Association | | | |
| | it appears on the Lobbyist Re | gistration Form) | |
| OR | | | |
| All reportable transactions by the lobbyist (| including the lobbyist's fa | mily), or the lobbying f | irm listed below which are |
| unrelated to any particular client. | | | |
| V. Date of Report April 30, 2025 | ٦ | July 30, 2025 | |
| Reports cover: activity from date of registration to | | from 4/1/25 to 6/30/25 | |
| October 29, 2025 | 7 | nuary 28, 2026 | |
| activity from 7/1/25 to 9/30/2 | | rom 10/1/25 to 12/31/25 | |
| V There have been no fees received any | l na nanantahla turura | | · · · · · · · · · · · · · · · · · · · |
| V. There have been no fees received and fithis box is checked, complete just this form a | and submit it to the Secret | ary of State's Office 10 | 7 North Main Street |
| State House, Room 204, Concord, NH 03301. | and swomin in to the beeren | iry of state's Office, 10 | North Math Street, |
| I. Check if additional reports are attached | 1. | | |
| If you have received fees or made expendi | | ndum A Foos and Eve | angag. |
| If you have paid an honorarium or reimbu | | | |
| Expense Reimbursement | rsed expenses, you must n | ne Addendum b– Repo | ort of Honorariums or |
| If you, your firm, or your family has made | e political contributions, vo | ou must file Addendum | C- Political Contribution |
| | | | |
| | | | |
| | | | |
| sworn Statement/Affirmation by Lobbyist | d RSA 664 and hereby swe | ear or affirm that the for | regoing information is true |
| have read RSA 15, RSA 15-B, RSA 14-C and | | | |
| have read RSA 15, RSA 15-B, RSA 14-C and | belief. | | |
| have read RSA 15, RSA 15-B, RSA 14-C and | belief. | 10/27/2025 | |
| have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge and | belief. | 10/27/2025 (Date) | |
| Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge and (Signature of lobbyist) Jodi Grimbilas | belief. | | |

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.

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NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: J Grimbilas Strategic Johntons LLC |
|---|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any |
| particular client): NH Snowmobile Association |
| |
| Date of Report (check one): |
| April 30, 2025 □ July 30, 2025 □ October 29, 2025 ☑ January 28, 2026 □ |
| 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) 10. 27. 2025 (Date) |
| (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.

OCT 28 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: |
|--|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any |
| particular client): NH Suow wob to Association |
| The state of the s |
| Date of Report (check one): |
| April 30, 2025 □ July 30, 2025 □ October 29, 2025 ☑ January 28, 2026 □ |
| 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) (Date) (Print Name of lobbyist) |