I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2025 Statement of Income and **Expenses for LOBBYISTS**

RECEIVED

JUL 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

Jodi Grimbilas, Adam Schmidt, Heidi Kroll

(Name of partnersh	ip, firm or corporation)		_
PO Box 233	Nor	thwood	NH	03261
usiness Address: (Street)	(Town	(City)	(State)	(Zip Code)
(Telephone)	()	(Fax)	e-mail Je di Q	jg strategies.
II. This statement covers: (Choo eportable expense transactions v				/ file a separate repo
All reportable transactions occu	rring in the menths	union to the noncutine	data valativa to the	fallowing aligns.
NH Marine Trades As		prior to the reporting	date relative to the	toffowing chefit.
		on the Lobbyist Registr	otion Forms)	
OR	of Chem as it appears (on the Lobbyist Registr	ation Form)	
All reportable transactions by the unrelated to any particular client.	e lobbyist (including	the lobbyist's family), or the lobbying f	irm listed below which
, particular de la composición della composición				
V. Date of Report April 30	0, 2025		7 30, 2025	
Reports cover: activity from date of re			m 4/1/25 to 6/30/25	
October 29 activity from 7/1/			ry 28, 2026 10/1/25 to 12/31/25	
V. There have been no fees red If this box is checked, complete just State House, Room 204, Concord, I	this form and submi			
VI. Check if additional reports a	e attached:			
If you have received fees or ma		ı must file Addend u	m A- Fees and Exp	oenses
If you have paid an honorarium Expense Reimbursement				
If you, your firm, or your famil	y has made political	contributions, you n	nust file Addendun	n C– Political Contrib
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno	A 14-C and RSA 66	4 and hereby swear	or affirm that the fo	regoing information
Cola M	ago ana oonot.	7/2	28/2025	
(Signature of lobbyist)			(Date	<u> </u>
Jodi Grimbilas			(Date	,
JOOYUTIIIDIIAS				

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:	Grimbilas Strateur Johtiens LL
Name of Client (leave blank if Statement is for the partr	ership, firm, or corporation and not related to any
particular client): NH Marine Trades As	stociation
Date of Report (check one):	
April 30, 2025	29, 2025 □ January 28, 2026 □
I have read RSA 15, RSA 15-B, RSA 664, the Stateme the following Addendums submitted with that Statemes submitted):	nt of Income and Expenses described above, and at (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information of complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and
(Signature of lobbyist)	<u> </u>
(Segundary of 1000y161)	(Date)
Herdi L. Kroll	
(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. Granblus Strategic Solutions, LLC

Name of Client (leave blank) if Statement is for the partnership, firm, or corporation and not related to any trudes Associty particular client): Date of Report (check one): July 30, 2025 October 29, 2025 □ April 30, 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 hest of my knowledge and belief.