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STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Jodi Grimbilas. Adam Schmidt. Heidi Kroll

	or corporation)		
PO Box 233,	Northwood	NH	03261
usiness Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 496-2638)	e-mail jodi@jgstrategies.com	
(Telephone)	(Fax)	• man	
II. This statement covers: (Choose one	– file separate reports for ea	ch client, OR you may	y file a separate re
eportable expense transactions which	are not attributable to any on	e client).	-
All reportable transactions occurring i	n the months prior to the report	ting date relative to the	following client:
Monadnock Paper Mills	p		tone wing enem
<u></u>	nt as it appears on the Lobbyist Reg	vistration Form)	
OR	it as it appears on the Loodyist Reg	gistration Form)	
All reportable transactions by the lobb	yist (including the lobbyist's fa	mily), or the lobbying	firm listed below v
nrelated to any particular client.			
N. D. A. af D	. —		
V. Date of Report April 24, 2024 Reports cover: activity from date of registra		July 31, 2024 y from 4/1/24 to 6/30/24	
October 30, 2024		nuary 29, 2025	
activity from 7/1/24 to 9		om 10/1/24 to 12/31/24	
V. There have been no fees received	and no reportable transac	tions made since th	e last report
f this box is checked, complete just this fo	orm and submit it to the Secreta		
tate House, Room 204, Concord, NH 03.	301.		
<u>/I.</u> Check if additional reports are atta	ched:		
If you have received fees or made exp			
If you have paid an honorarium or rei	mbursed expenses, you must fi	le Addendum B – Rep	ort of Honorariums
expense keimpiirsemeni			
If you, your firm, or your family has	mada political contributions, wo	u wanat tila Addamdare	n C Dolitical Con

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

\$ 177633	
I. Name of Lobbyist(s) Jodi Grimbilas, Adam Schn	nidt, Heidi Kroll
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 Monadnock Paper Mills	_{Date} 1/27/2025
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 greeduced by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 7,000
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 y	a) \$ 7,000 b) \$ 0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ _7,000
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 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 lebeing 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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er 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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ 7,000
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) \$
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.	n that the foregoing information
July Jan	1/27/2025
(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: (or mb.) Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any owad anch Date of Report (check one): April 24, 2024 🛘 July 31, 2024 🛘 October 30, 2024 January 29, 2025 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 Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing informa .on on the Statement and each Addendum is true and (Signature of 1

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: Strangic Solutions of Client (leave blank if Statement is for the partnership, firm, or corporation)	£:
particular client): Monadnock Paper Mills	ou to any
Date of Report (check one):	
April 24, 2024	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described about the following Addendums submitted with that Statement (insert the number of Addendum form submitted):	ove, and as being
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 t complete to the best of my knowledge and belief.	rue and
(Signature of lobbyist) 1-27-2025 (Date)	
(Print Name of lobbyist)	