#### STATE OF NEW HAMPSHIRE

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

# JAN 29 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

	At a s		
	o, firm or corporation)	NILI	03261
PO Box 233, Business Address: (Street)	Northwood	NH	
	(Town/City)	(State)	(Zip Code)
( ) (603) 496-2638 (Telephone)	(Fax)	e-mail jodi@jgst	
III. This statement covers: (Choose			y file a separate rep
reportable expense transactions w			
	ring in the months prior to the repo	rting date relative to the	following client:
CVS Health			
	Client as it appears on the Lobbyist Re	egistration Form)	
OR			
All reportable transactions by the included to any particular client.	lobbyist (including the lobbyist's f	amily), or the lobbying	firm listed below wh
aniciated to any particular enem.			
IV. Date of Report April 24.	2024	July 31, 2024	
IV. Date of Report April 24, Reports cover: activity from date of re		ty from 4/1/24 to 6/30/24	
October 30,		anuary 29, 2025	
activity from 7/1/2		from 10/1/24 to 12/31/24	
	- No. C. Medica		
V. There have been no fees rece			
If this box is checked, complete just t		ary of State's Office, 10	)7 North Main Street
State House, Room 204, Concord, N.	n 03301.		
VI. Check if additional reports are	attached:		
If you have received fees or mad	le expenditures, you must file Adde	endum A- Fees and Ex	penses
If you have paid an honorarium	or reimbursed expenses, you must f	ile Addendum B- Rep	ort of Honorariums o
Expense Reimbursement			
If you, your firm, or your family	has made political contributions, y	ou must file <b>Addendur</b>	n C- Political Contri
Sworn Statement/Affirmation by I	obbyist		
I have read RSA 15, RSA 15-B, RSA		ear or affirm that the fo	regoing information
and complete to the best of my know			
Day M		1/27/2025	
(Signature of lobbyist)		(Date	<u>,                                     </u>
[기가 자기 : [1] - [1		(Date	")
lodi (-rimbiloo			
Jodi Grimbilas (Print Name of Johnvist)			

#### P L E A S E P R I N T

#### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbylst(s) Jodi Grimbilas, Adam Schr	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 CVS Health	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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:  a) Total of all fees received in this reporting period	t relations, or public relations services oss fee amount reported shall not be  a) \$
<ul> <li>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)</li> </ul>	b) \$ <u>37,500.03</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 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 examp 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 lobbie (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 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 is 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.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported 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 repo	e) \$ <u>37,500.03</u>
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made fro period, including by whom paid or to whom charged.	m lobbying 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 at is true and complete to the best of my knowledge and belief.	
(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.

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

Name of Lobbying partner Name of Client (leave blan particular client):  Date of Report (check one)	rship, firm, or corporation: 6v m b. k  nk if Statement is for the partnership, firm, or corp	oration and not related to any
J-Sport (Check one)	<i>):</i>	
April 24, 2024 □ Ju	aly 31, 2024	uary 29, 2025
I have read RSA 15, RSA 1 the following Addendums submitted):  Addendum A(s).	5-B, RSA 664, the Statement of Income and Exp submitted with that Statement (insert the number	enses described above, and of Addendum forms being
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the complete to the best of my kno  (Signature of lobbyist)  Adam Samuel  (Print Name of lobbyist)	1/2	27/2075

#### 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: Torinblas Strategic Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): CVS Health
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 above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  Addendum A(s).
Addendum B(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)
Heidi L. Kroll (Print Name of lobbyist)