

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

APR 27 2021

I. Name of Lobbyist(s) Jodi Grinbilis				
II. Name of lobbyist's partnership, firm or corporation, if any:				
T Combiles strategis Solitionis				
J. Grinbilas Strategic Solutions (Name of partnership, firm or corporation)				
III. Name of Client Date 4/27/2021				
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: Commentee to their House De morches				
Full name of candidate: Commettee to Elect Hovse Democrats (Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution \$ 25 o Office Candidate is Seeking				
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: 114 Comme Perula Very Perula V				
Full name of candidate: <u>NH Sevate Republican PAC</u> . (Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution \$ 250 Office Candidate is Seeking				
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: Souch Donne				
Full name of candidate: 100 nnu (Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution & 25/2 Office Candidate is Seeking 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."
(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) (Signature of lobbyist) (Date)

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J Corinbi				
(Name of pa	rtnership, firm or corporation)	Co Go (Ortiona)		
III. Name of Client			Date 4/27/2021	
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:	Rosenuald (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is S	eeking Senate.	
Full name of candidate:		Rogina	(Middle Name/Initial)	
Amount of contribution \$ _	100	Office Candidate is Se	eeking <u>Senate</u>	
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:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is S	peking Senate	

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]	III. Name of Client			Date 4/27/2021	
	Political Contributions				
]	For each political contribu			r 664 paid on behalf of the	
(client/lobbyist and lobbying firm, indicate the following:				
9	<u> </u>				
]	Full name of candidate:	Avard	Kovin		
	_	(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$	100	Office Candidate is S	Seeking Senate.	
	real				
				or services provided, and enter the on. If the actual cost is not known,	
	enter an estimated value and		Tor amount or condition	on. If the detail cost is not known,	
-					
-					
					
1	Full name of candidate:	Hennessey	Frie		
,	and harpe of candidate	(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$	100	Office Candidate is S	eeking Sevate.	
4	Amount of conditional a		Office Candidate is 5	- VOVACE	
	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."				
,	citer an estimated value and	the word estimate.			
_					
•		****			
١	Full name of candidate:	Ricciandi	Denisė		
į	run name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)	
				,	
	Amount of contribution \$	100	Office Candidate is S	C +-	

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A S		J. Grinbilas Strategic Solctions (Name of partnership, firm or corporation)			
Ē	(Name of par	tnership, firm or corporation)	ee gotoning		
P	III. Name of Client			Date 4/27/2021	
R [Political Contributions			., ,	
N		tion that is reportable p	oursuant to RSA Chapte	r 664 paid on behalf of the	
T client/lobbyist and lobbying firm, indicate the following:					
			200.000		
	Full name of candidate: _	Carson	Sharon		
		(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$	hoo	Office Candidate is S	Seeking Serate	
	If the contribution is an in-ki	nd contribution provide a	description of the goods	or services provided and enter the	
If the contribution is an in-kind contribution, provide a description of the goods or services p actual cost of the in-kind contribution on the line above for amount of contribution. If the ac					
	enter an estimated value and	the word "estimate."			
	Eull name of condidates	L a. 0.	Hande		
	Full name of candidate: _	French (Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$	100		eeking Senate.	
	Amount of conditioning \$	100	Office Calididate is 5	ceking <u>Jevare</u> .	
	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 enter an estimated value and the word "estimate."				on. If the actual cost is not known,	
					
		1			
	Full name of candidate: _	ward	- Ruth	(Middle Name/Initial)	
		(Last Name)	(First Name)	,	
	Amount of contribution \$	100	Office Candidate is S	eeking Senate	

If the contribution is an in-kind contribution, provide a description of the good actual cost of the in-kind contribution on the line above for amount of contribution				
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(Signature of lobbyist) The Grand las	4/27/2021			
(Signature of lobbyist)	(Date)			
Josi Grimbilas				
(Print Name of lobbyist)				