	Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVE 0CT 27 202 NEW HAMPSH DEPARTMENT OF
I. Name of Lobbyist(s)	JODI Grimbulas [DEPARTMENTOF
II. Name of lobbyist's p	artnership, firm or corporation, if any:
J. Grimb	las Strategic Solitions artnership, firm or corporation)
(Name of p	artnership, firm or corporation)
III. Name of Client	Date 10/25/2020
Political Contributions For each political contril	oution that is reportable pursuant to RSA Chapter 664 paid on behalf of the ring firm, indicate the following:
•	NH Senate Republican PAC. (Last Name) (Virst Name) (Middle Name/Initial)
	500 Office Candidate is Seeking kind contribution, provide a description of the goods or services provided, and enter the ontribution on the line above for amount of contribution. If the actual cost is not known,
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide a description of the goods or services provided, and enter the ontribution on the line above for amount of contribution. If the actual cost is not known,
If the contribution is an in-	kind contribution, provide a description of the goods or services provided, and enter the ontribution on the line above for amount of contribution. If the actual cost is not known, d the word "estimate."
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, provide a description of the goods or services provided, and enter the ontribution on the line above for amount of contribution. If the actual cost is not known, d the word "estimate." Committy to Elect How Nep Olkans
If the contribution is an in- actual cost of the in-kind co enter an estimated value an Full name of candidate: Amount of contribution \$	kind contribution, provide a description of the goods or services provided, and enter the contribution on the line above for amount of contribution. If the actual cost is not known, d the word "estimate." <u>Conventue</u> to <u>Elect</u> <u>Howe Negolicans</u> (Last Name) (First Name) (Middle Name/Initial) <u>250</u> Office Candidate is Seeking kind contribution, provide a description of the goods or services provided, and enter the contribution on the line above for amount of contribution. If the actual cost is not known,
If the contribution is an in- actual cost of the in-kind co enter an estimated value an Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind co	kind contribution, provide a description of the goods or services provided, and enter the contribution on the line above for amount of contribution. If the actual cost is not known, d the word "estimate." <u>Conventue</u> to <u>Elect</u> <u>Howe Negolicans</u> (Last Name) (First Name) (Middle Name/Initial) <u>250</u> Office Candidate is Seeking kind contribution, provide a description of the goods or services provided, and enter the contribution on the line above for amount of contribution. If the actual cost is not known,

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(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) _____

Grimbilas

12 24 2030 (Date)

(Print Name of lobbyist)

		<i>OF NEW HAMPS</i> Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	RECEIVED OCT 2 7 2020
P I. Name of Lobbyist(s)	JUDI Grimk	orlas	NEW HAMPSHIRE
L E II. Name of lobbyist's pa	rtnership, firm or corj	ooration, if any:	
J. Grimbi	Las Strategi undership, firm or corporation)	- i Solutionis	
(Name of pa	rtnership, firm or corporation)		te 10/25/2020
P III. Name of Client R		Dat	te <u>10/25/2020</u>
Political Contributions		oursuant to RSA Chapter 664 lowing:	paid on behalf of the
Full name of candidate:	(Last Name)	Jason. (First Name) (N	Aiddle Name/Initial)
Amount of contribution \$ _	100	Office Candidate is Seeking	8 State Rep.
	ntribution on the line abov	a description of the goods or serve re for amount of contribution. If	
Full name of candidate:	(Last Name)	John (First Name) (*	Aiddle Name/Initial)
Amount of contribution \$	ז ג	Office Candidate is Seeking	State Rep.
	ntribution on the line abov	a description of the goods or serve te for amount of contribution. If	
Full name of candidate:	(Last Name)		Aiddle Name/Initial)

(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) _____ Grinbiles

19/26/ Jugo (Date)

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(Print Name of lobbyist)

]	DF NEW HAMPSH Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	HIRE RECEIVED OCT 2 7 2020 NEW HAMPSHIRE
P	I. Name of Lobbyist(s)	Judi Grimbi	lås	DEPARTMENT OF STAT
L E A S		arthership, firm or corport Las Strategic arthership, firm or corporation)		
Ē	(Name of pa	artnership, firm or corporation)		
P	III. Name of Client		Date	10/25/2020
R I N T	-	oution that is reportable pur ing firm, indicate the follow	suant to RSA Chapter 664 p wing:	aid on behalf of the
	Full name of candidate:	(Last Name)		iddle Name/Initial)
	Amount of contribution \$	60	_Office Candidate is Seeking	Senate.
		ntribution on the line above f	escription of the goods or servi or amount of contribution. If the	
				······
	Full name of candidate:	(Last Name)	(First Name) (Mi	iddle Name/Initial)
	Amount of contribution \$	100	_Office Candidate is Seeking	Senate.
		ntribution on the line above f	escription of the goods or service or amount of contribution. If the	
		····		
	Full name of candidate:	(Last Name)	(First Name) (Mi	ddle Name/Initial)
	Amount of contribution \$ _	100	_Office Candidate is Seeking _	Senate

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(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.

untilis (Signature of lobbyist) Grimbil

(Print Name of lobbyist)

10/24/20 70 (Date)

1. .

rsuant to RSA Chapter 664 pa wing:	
Date Date rsuant to RSA Chapter 664 pa wing:	id on behalf of the
Date rsuant to RSA Chapter 664 pa wing:	id on behalf of the
Date rsuant to RSA Chapter 664 pa wing:	id on behalf of the
wing:	
(First Name) (Mid	dle Name/Initial)
Office Candidate is Seeking	ELEC. Council
for amount of contribution. If the	e actual cost is not known,
Chuck. (First Name) (Mid	dle Name/Initial)
Office Candidate is Seeking	Senate:
	es provided, and enter the e actual cost is not known,
lescription of the goods or service for amount of contribution. If the	

(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) Jon Grimbilis (Print Name of lobbyist)

10/24/2020 (Date)

	STATI	E OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)
2	I. Name of Lobbyist(s) JUDI Grim	bilas
5	II. Name of lobbyist's partnership, firm or co	rporation, if any:
A 5	(Name of partnership, firm or corporation)	più Solutzonia
2	(Name of partnership, hrm or corporation)	, laste a
R N C	Political Contributions For each political contribution that is reportable client/lobbyist and lobbying firm, indicate the fo	pursuant to RSA Chapter 664 paid on behalf of the ollowing:
	Full name of candidate: <u>Cunski</u> (Last Name)	
	Amount of contribution \$ 75	Office Candidate is Seeking <u>State Rep</u> .
		e a description of the goods or services provided, and enter the ove for amount of contribution. If the actual cost is not known,
	Full name of candidate:(Last Name)	(First Name) (Widdle Name/Initial)
	Amount of contribution \$ 100	Office Candidate is Seeking Sevate
		e a description of the goods or services provided, and enter the ove for amount of contribution. If the actual cost is not known,
	Full name of candidate: Ricciare (Last Name)	di Denise (First Name) (Middle Name/Initial)
	Amount of contribution \$OO	Office Candidate is Seeking Senate

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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.

Ti) du ffumhlar (Signature of lobbyist)

10 26 20 20 (Date)

1: -

(Print Name of lobbyist)