

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

APR 2 4 2020

I. Name of Lobbyist(s)	July William	<del>-</del>	OF
II. Name of lobbyist's parti	nership, firm or corpo	ration, if any:	
J Grimbiles	Strategic Soi	Letions	
(Name of partne	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributi client/lobbyist and lobbying	•	-	664 paid on behalf of the
Full name of candidate:	NH Senate (Last Name)	De mucratzi (First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is S	eeking
enter an estimated value and th	e word "estimate."		on. If the actual cost is not known,
		(First Name)	
Full name of candidate:	(Last Name)		(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) I contribution, provide a cibution on the line above	Office Candidate is So description of the goods of for amount of contribution	(Middle Name/Initial) eeking or services provided, and enter the on. If the actual cost is not known,
If the contribution is an in-kind	(Last Name) I contribution, provide a cibution on the line above	Office Candidate is So description of the goods of for amount of contribution	(Middle Name/Initial) eeking or services provided, and enter the on. 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 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)  (Date)
(Signature of lobbyist) (Date)
Josi Grimboles
(Print Name of lobbyist)

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· . · ·	tnership, firm or corp	-
J. Gernbellus (Name of par	Strategic So	Litions
(Name of par	tnership, firm or corporation)	
III. Name of Client		Date
Political Contributions For each political contribution Client/lobbyist and lobbyir	•	ursuant to RSA Chapter 664 paid on behalf of the owing:
Full name of candidate:	Filler Clark	(First Name) (Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is SeekingSerate
Full name of candidate: _	Ward (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	nd contribution, provide a	
Amount of contribution \$  If the contribution is an in-kinctual cost of the in-kind con	nd contribution, provide a	Office Candidate is Seeking <u>Sevate</u> .  description of the goods or services provided, and ente

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orms.)	utions on separate addendum C forms.)	If more than three contributions were made, repo
		Sworn Statement/Affirmation by Lob
regoing informati	•	have read RSA 15, RSA 15-B and RSA strue and complete to the best of my kn
3430	2/15/2000	Food Gumbus
ate)	(Date)	(Signature of lobbyist)
<u>,</u>	4/(S)	Signature of lobbyist)  Jodi Grimboles

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I. Name of Lobbyist(s)	Jooi Grinbile	٧.	DEPARTMEN
II. Name of lobbyist's par	tnership, firm or corpor	ation, if any:	
J. Countilas	Strategic Solo nership, firm or corporation)	trons	
(Name of part	nership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribu client/lobbyist and lobbyin			664 paid on behalf of the
Full name of candidate: _	Cosenuald (Last Name)	Cindy (First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	
Full name of candidate:	the word "estimate."  Watters.	David	n. If the actual cost is not know
	(Last Name)	(First Name)	
Amount of contribution \$	100	_Office Candidate is Se	eking Senate.
actual cost of the in-kind con enter an estimated value and	tribution on the line above for	escription of the goods of amount of contribution	r services provided, and enter to n. If the actual cost is not known
Full name of candidate: _	(Last Name)	(First Name)  Office Candidate is Se	(Middle Name/Initial)
Amount of contribution \$	00		

If the contribution is an in-kind contribution, provide a desactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional co	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	· · · · · · · · · · · · · · · · · · ·
(Signature of lobbyist)  Jopi Grimboles	4/5/2020
(Signature of lobbyist)	(Date)
Josi Grimboles	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s)	Jobi Grims	21 (cr. J	DEPARTM
I. Name of lobbyist's par	rtnership, firm or cor	poration, if any:	
J. Grimbilus (Name of par			
(Name of par			Date
Political Contributions For each political contributions client/lobbyist and lobbying	*	•	er 664 paid on behalf of the
full name of candidate:	Sou cy (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking <u>Serate</u> .
Full name of candidate:	Birdsell	Regina	
Amount of contribution \$	100.	Office Candidate is	Seeking <u>Serate</u> .
If the contribution is an in-k actual cost of the in-kind cor enter an estimated value and	atribution on the line abo	ve for amount of contribu	s or services provided, and enter tion. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

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)  (Date)
(Signature of lobbyist) \ (Date)
Josi Grimbeles
(Print Name of lobbyist)

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. Name of Lobbyist(s)	JOBI GRIMD	····	
I. Name of lobbyist's part	nership, firm or corp	oration, if any:	
J. Grinbilus (Name of partn	Strategic Somership, firm or corporation)	lutions	
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying			r 664 paid on behalf of the
Full name of candidate:	Chandley (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is S	Seeking <u>Serate</u> .
Full name of candidate:	Mwgan (Last Name)	(First Name)	(Middle-Name/Initial)
Amount of contribution \$		•	eeking <u>Serate</u>
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov	e for amount of contributi	or services provided, and ente on. If the actual cost is not kn
Full name of candidate:	Levesque (Last Name)	Melanie (First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is S	Seeking <u>Senate</u>

the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, nter an estimated value and the word "estimate."	
f more than three contributions were made, report additional contributions on separate addendum C forms.)	=
. Hore than the control of the contr	
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information true and complete to the best of my knowledge and belief.	
Signature of lobbyist)  Jodi Grinbeles  (Date)	_
Signature of lobbyist) (Date)	
Jopi Grimboles	
Print Name of lobbyist)	

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APR 2 4 2020

I. Name of Lobbyist(s)	Jooi Grim	bilas		NEW HAMPSHIF DEPARTMENT OF S
II. Name of lobbyist's par	rtnership, firm or co	rporation, if any:		DEFARTMEN
· · ·	=	= '		
J. Grimbilas (Name of par	tnership, firm or corporation)			
III. Name of Client			Date	<u>.</u>
Political Contributions For each political contributions client/lobbyist and lobbyist	<del>-</del>		apter 664 paid o	n behalf of the
Full name of candidate: _	Shwtleff (Last Name)	Steve (First Name)	"The Ster	Je PAC 1 Jame/Initial)
Amount of contribution \$	100	Office Candidat	e is Seeking <u>S</u>	reaker/State Rup
actual cost of the in-kind cor enter an estimated value and		ove for almount of cond	ibadon. Il the act	
Full name of candidate:	Hennessey (Last Name)	Marcha (First Name)	(Middle-N	Vame/Initial)
Amount of contribution \$				
If the contribution is an in-k actual cost of the in-kind corenter an estimated value and	atribution on the line abo	e a description of the go	oods or services pricipation. If the act	rovided, and enter the mal cost is not known,
Full name of candidate:	Dietsch (Last Name)	Jeanne (First Name)	(Middle )	Name/Initial)
Amount of contribution \$	100	Office Candidate	e is Seeking	

If the contribution is an in-kind contribution, provide a desactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
,	<u> </u>
(If more than three contributions were made, report additional co	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and	
Signature of lobbyist)  Jopi Grimboles	des/2/p
(Signature of lobbyist)	\(Date)
Josi Grimboles	
(Print Name of lobbyist)	

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### STATE OF NEW HAMPSHIRE

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l. Name of Lobbyist(s)	_ <del>_</del>		
	artnership, firm or corpo		
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V. GIMBILAS	Strategic Sol		
(Name of p	armership, min or corporation,		
III. Name of Client			Date
Political Contributions			
	oution that is reportable our	suant to RSA Chapte	er 664 paid on behalf of the
	ing firm, indicate the follo		I
	Shar	Tom	
Full name of candidate:	Sherman (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100	_ Office Candidate is	Seeking <u>Serate</u> .
		or amount of contribut	ion. If the actual cost is not kno
actual cost of the in-kind co		or amount of contribut	ion. If the actual cost is not kno
enter an estimated value an	d the word "estimate."		
enter an estimated value an			
Full name of candidate:	NH. De ma	ocrati Pai (First Name)	
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in- actual cost of the in-kind co	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$ _  actual cost of the in-kind co	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)  Seeking  or services provided, and enter
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in- actual cost of the in-kind co	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)  Seeking  or services provided, and enter
Full name of candidate:  Amount of contribution \$ _  actual cost of the in-kind co	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)  Seeking  or services provided, and enter
Full name of candidate:  Amount of contribution \$	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)  Seeking  or services provided, and enter
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in- actual cost of the in-kind co enter an estimated value an	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocratzi Par (First Name)  Office Candidate is secription of the goods for amount of contribut	(Middle Name/Initial)  Seeking  or services provided, and enter
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in- actual cost of the in-kind co	NH. De mo (Last Name)  Soo  kind contribution, provide a deportribution on the line above to	Ocrati Par (First Name)  Office Candidate is se	(Middle Name/Initial)  Seeking  or services provided, and enter

If the contribution is an in-kind contribution, provide a deactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	· · · · · · · · · · · · · · · · · · ·
Signature of lobbyist)  Jopi Grimboles	4/15/2020
(Signature of lobbyist)	(Date)
Josi Grimboles	
(Print Name of lobbyist)	

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