STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Jodi	<u>Grimbilas</u>		
II. Name of lobbyist's partn	ership, firm or c	corporation, if any:	
J Grimbilas Strategic Sc	-	•	
	ship, firm or corporation	n)	
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	sborne Ja	son	
500	•	` ,	(Middle Name/Initial)
Amount of contribution \$ 500		Office Candidate is Seeki	ng IIOUSC
actual cost of the in-kind contril enter an estimated value and the	oution on the line a	bove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	•		eking
Amount of contribution 5		Office Candidate is See	eking
	oution on the line a		ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:	NH Democrati	c Party	
r an name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	00	Office Condidate is See	

September 200 April 1985	
(If more than three contributions were made, report addit	tional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 a is true and complete to the best of my knowled	and hereby swear or affirm that the foregoing informatige and belief.
	lge and belief.

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STATE OF NEW HAMPSHIRE

١.	I. Name of Lobbyist(s) Jodi Gri			
E	II. Name of lobbyist's partnersl	nip, firm or co	rporation, if any:	
A S	J Grimbilas Strategic Solut	ions LLC	•	
E	(Name of partnership,			
P	III. Name of Client			Date
R	Political Contributions			
l N	For each political contribution th	at is reportable	pursuant to RSA Chapter 6	664 paid on behalf of the
Г	client/lobbyist and lobbying firm	, indicate the fo	ollowing:	
	Λ	(- 1 Z - 11		
	Full name of candidate: Ayot	te Kelly	(Ti a)	(2 C 1 1 1 2 7 7 7 1 1 1 2 7 7 1 1 1 2 7 7 1 1 1 2 7 7 1 1 1 2 7 7 7 7
				(Middle Name/Initial)
	Amount of contribution \$ 1000	(Office Candidate is Seeking	
	If the contribution is an in-kind con actual cost of the in-kind contribution	on on the line abo	a description of the goods or ove for amount of contribution	services provided, and enter the . If the actual cost is not known,
	enter an estimated value and the wo	rd "estimate."		
				
				
	_			
	Full name of candidate: Cars	on Shar		
		(Last Name)	(First Name)	(Middle Name/Initial)
		(Last Name)		
	Amount of contribution \$ 500 If the contribution is an in-kind con	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution enter an estimated value and the wo	(Last Name) tribution, provide	(First Name) Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	Amount of contribution \$ 500 If the contribution is an in-kind con actual cost of the in-kind contribution	(Last Name) tribution, provide on on the line abo rd "estimate."	(First Name) Office Candidate is Seeking a description of the goods or ove for amount of contribution	State Senate services provided, and enter the

If the contribution is an in-kind contribution, provide a descripti actual cost of the in-kind contribution on the line above for amo enter an estimated value and the word "estimate."	on of the goods or services provided, and enter the unt of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and believed to the best of my knowledge and believed to the best of my knowledge.	
Jon H	7/28/2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)	odi Grimbilas		
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
J Grimbilas Strategio	- '	, ,	
	partnership, firm or corporation	on)	
III. Name of Client			Date
Political Contributions	bution that is reportal	ble pursuant to RSA Chapter (664 paid on behalf of the
Full name of candidate:	Pearl Howa	rd	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	~	Office Candidate is Seeking	
Full name of candidate:	McConkey	above for amount of contribution	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate is Seeking	State Senate
	ontribution on the line	vide a description of the goods or above for amount of contribution	services provided, and enter the
Full name of candidate:	Rochefort	David	
Full name of candidate:	Rochefort (Last Name)	David (First Name)	(Middle Name/Initial) State Senate

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	
Jodi An	7/28/2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

P	I. Name of Lobbyist(s) Jodi G	rimbilas		·
_ 	II. Name of lobbyist's partner	ship, firm or co	orporation, if any:	
A	J Grimbilas Strategic Solu	_	, ,	
3		p, firm or corporation))	
•	III. Name of Client			Date
R I N I	Political Contributions For each political contribution client/lobbyist and lobbying fir	that is reportable	e pursuant to RSA Chapter (664 paid on behalf of the
	Full name of candidate:Wa Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) State Senate
	If the contribution is an in-kind co actual cost of the in-kind contributenter an estimated value and the w	entribution, provid tion on the line ab	e a description of the goods or	services provided, and enter the
	Full name of candidate: Liot	: Hill Kar	ren	
		(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 500		Office Candidate is Seeking	Executive Council
	If the contribution is an in-kind co actual cost of the in-kind contributenter an estimated value and the w	tion on the line ab		
	Full name of candidate:	Avard	Kevin	
	run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 300		Office Candidate is Scaling	State Senate

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am enter an estimated value and the word "estimate."	tion of the goods or services provided, and enter the ount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and bel	
Jodi Ju	7/28/2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jod	Grimbilas		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
J Grimbilas Strategic S	•	•	
	ership, firm or corporation	n)	 -
III. Name of Client			Date
Political Contributions For each political contribute client/lobbyist and lobbying		e pursuant to RSA Chapter (following:	664 paid on behalf of the
Full name of candidate:	nnis Dan	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 30	•	Office Candidate is Seeking	•
If the contribution is an in-kine	d contribution, providing the contribution on the line al	de a description of the goods or	services provided, and enter the
Full name of candidate:	Gray James	(First Name)	(Middle Name/Initial)
30	,	,	Ctata Canata
Amount of contribution \$ 30		Office Candidate is Seeking	, State Seriale
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line al	de a description of the goods or pove for amount of contribution	services provided, and enter the
E 11	Sullivan	Victoria	
Full name of candidate:	(Last Name)		
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the go actual cost of the in-kind contribution on the line above for amount of contributer an estimated value and the word "estimate."	ods or services provided, and enter the ibution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions on sepa	rate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or af is true and complete to the best of my knowledge and belief.	firm that the foregoing information
Judi A.	7/28/2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	