STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) JOdi				
II. Name of lobbyist's partnership, firm or corporation, if any:				
J. Grimbilas Strategic S	•	,		
<u>~</u>	ship, firm or corporation)			
III. Name of Client			Date	
Political Contributions For each political contribution client/lobbyist and lobbying			r 664 paid on behalf of the	
Full name of candidate: NF	l Senate Republi	cans PAC		
500	(Last Name)	· ·		
Amount of contribution \$ 500	Office	Candidate is Seeking		
enter an estimated value and the	word "estimate."		on. If the actual cost is not know	
enter an estimated value and the	word "estimate."			
enter an estimated value and the	word "estimate." House Democra	atic Victory PA	C	
Full name of candidate:	Word "estimate." House Democra	atic Victory PA		
Full name of candidate: Amount of contribution \$ 500 If the contribution is an in-kind	House Democra (Last Name) Officontribution, provide a depution on the line above for	atic Victory PA (First Name) Tice Candidate is Seeking scription of the goods	C (Middle Name/Initial)	
Full name of candidate: Amount of contribution \$ 500 If the contribution is an in-kind actual cost of the in-kind contribution and the	House Democra (Last Name) Officontribution, provide a depution on the line above for	atic Victory PA (First Name) Tice Candidate is Seeking scription of the goods	C (Middle Name/Initial) ng or services provided, and enter the on. If the actual cost is not known	
Full name of candidate: Amount of contribution \$ 500 If the contribution is an in-kind actual cost of the in-kind contribution contribution is an in-kind actual cost of the in-kind contribution.	House Democra (Last Name) Officontribution, provide a depution on the line above for word "estimate."	Atic Victory PA (First Name) fice Candidate is Seeki scription of the goods or amount of contributi	C (Middle Name/Initial) ng or services provided, and enter the on. If the actual cost is not known	

	If the contribution is an in-kind contribution, provide a dactual cost of the in-kind contribution on the line above f enter an estimated value and the word "estimate."	escription of the goods or services provided, and enter the or amount of contribution. If the actual cost is not known,	
	(If more than three contributions were made, report additional of	ontributions on separate addendum C forms.)	
	Sworn Statement/Affirmation by Lobbyist		
	I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge an	ereby swear or affirm that the foregoing information d belief.	
	Judi Humbu	4.28.2025	
	(Signature of lobbyist)	(Date)	
	Jodi Grimbilas		
	(Print Name of lobbyist)		

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi C	Primbilas Primbilas			
II. Name of lobbyist's partne	rship, firm or cor	poration, if any:		
J. Grimbilas Strategic Sc	•	•		
	nip, firm or corporation)			
III. Name of Client			Date	
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: Fer	nton, Donovar) (First Name)	(Middle Name/Initial)	
Amount of contribution \$ 300	, ,	ffice Candidate is Seeking	01-1-01-	
	ution on the line abo		or services provided, and enter the on. If the actual cost is not known,	
run name of candidate.	erkins Kwoka (Last Name)	Rebecca (First Name)	(Middle Name/Initial)	
Amount of contribution \$ 500		Office Candidate is Seekin	g State Senate	
If the contribution is an in-kind of	contribution, provide ution on the line abo		or services provided, and enter the on. If the actual cost is not known,	
Full name of candidate:	NH Senate	Democratic C	aucus	
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 500		Office Candidate is Seekin	ıσ	

If the contribution is an in-kind contribution, provide a descractual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	amount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional cont	tributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and be	by swear or affirm that the foregoing information belief.
Ddi Armb	4.28.2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi (Grimbilas			_
П. Name of lobbyist's partne		progration, if any:		
J. Grimbilas Strategic So		F		
•	ship, firm or corporation			_
III. Name of Client			Date	
Political Contributions For each political contributio	n that is reportable	a nurguent to DSA Chenter 6	664 noid on behalf of the	
client/lobbyist and lobbying t	•	•	504 paid on behalf of the	
		····		
Full name of candidate:	lcGough Tir	n		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 300	0	Office Candidate is Seeking	State Senate	
If the contribution is an in-kind actual cost of the in-kind contribution and the enter an estimated value and the	oution on the line ab			
chief all estimated value and the	word estimate.			
Full name of candidate: R	losenwald Ci	ndy		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 300		Office Candidate is Seeking	State Senate	
If the contribution is an in-kind				the
actual cost of the in-kind contrib	oution on the line ab			
enter an estimated value and the	word "estimate."			
	Abbas, Da	arvi		
Full name of candidate:	, 100 ac, DC	^· y ·		
	(Last Name)	(First Name)	(Middle Name/Initial)	

(If more than three contributions were made, report additional additional contributions)	tional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 is true and complete to the best of my knowled	and hereby swear or affirm that the foregoing information lge and belief.
Sour An-	4.28.2025
	(Date)
(Signature of lobbyist)	(2 4.6)

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi (Grimbilas		
П. Name of lobbyist's partn	ership, firm or co	prporation, if any:	
J. Grimbilas Strategic S	•	1 / /	
•	ship, firm or corporation)	
III. Name of Client			Date
Political Contributions For each political contributio	n that is renortabl	e nursuant to RSA Chanter 6	564 naid on behalf of the
client/lobbyist and lobbying			or para on bonari or me
Full name of candidate:	Altschiller, De	eb	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	0	Office Candidate is Seeking	State Senate
		le a description of the goods or	services provided, and enter the
actual cost of the in-kind contrib	oution on the line ab		. If the actual cost is not known,
enter an estimated value and the	word "estimate."		
-		-	
Full name of candidate:	tevens, Jane	t	
ruii name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500)	Office Candidate is Seeking	Executive Council
raniount of contribution \$		Office Candidate is Seeking	
			services provided, and enter the a. If the actual cost is not known,
enter an estimated value and the		bove for amount of contribution	i. If the actual cost is not known,
			•
Evil name of condition	Prentiss,	Sue	
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a deactual cost of the in-kind contribution on the line above f	escription of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	or amount of contribution. If the actual cost is not known,
are the state of t	
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15 RSA 15-B and RSA 664 and h	ereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge an	
6	
Jodi Jim	4.28.2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	-
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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi G	rimbilas		
II. Name of lobbyist's partner	rship, firm or co	rporation, if any:	
J. Grimbilas Strategic So	_	•	
•	ip, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying fi			664 paid on behalf of the
Full name of candidate:	ang, Tim	(Carly)	
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking _	(Middle Name/Initial) State Senate
	ontribution, provid	e a description of the goods o	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate: Bit	rdsell, Regin		
500	(Last Name)	(First Name)	(Middle Name/Initial) State Senate
Amount of contribution \$ 500		_ Office Candidate is Seekin	g
	ition on the line ab		r services provided, and enter the n. If the actual cost is not known,
	Konnov	00	
Full name of candidate:	Kenney, J	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500	(Last Halle)	Office Candidate is Seekin	Executive Council

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 contributio	ns on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.	rear or affirm that the foregoing information			
(Signature of lobbyist)	4.28.2025			
(Signature of lobbyist)	(Date)			
Jodi Grimbilas				
(Print Name of lobbyist)				

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi Grimbilas				
II. Name of lobbyist's partner	rship, firm or co	rporation, if any:		
J. Grimbilas Strategic So	• •	•		
	ip, firm or corporation)			
III. Name of Client			Date	
Political Contributions For each political contribution	that is reportable	nurguant to DSA Chanter 6	61 noid on behalf of the	
client/lobbyist and lobbying fi			04 pard on behalf of the	
, ,	•	C		
Full name of candidate:	urphy, Keith			
ruii name oi candidate.	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 300	,	Office Candidate is Seeking	State Senate	
If the contribution is an in-kind coactual cost of the in-kind contribution				
enter an estimated value and the		ove for amount of contribution.	. If the actual cost is not known,	
			· · · · · · · · · · · · · · · · · · ·	
Full name of candidate:Ga	annon, Willia			
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 300		_ Office Candidate is Seeking	State Senate	
		a a decemination of the consideran	anniana muoridad and anton tha	
If the contribution is an in-kind cactual cost of the in-kind contribu				
enter an estimated value and the			,	
-				
E 11 C 11 L	Watters, Da	vid		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
	(Last Name)	(Flist Name)	(Middle Name/illinal)	
Amount of contribution \$ 300	(Last Name)	Office Candidate is Seeking	State Senate	

If the contribution is an in-kind contribution, provide a descriactual cost of the in-kind contribution on the line above for arenter an estimated value and the word "estimate."	ption of the goods or services provided, and enter the nount of contribution. If the actual cost is not known,
	
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	y swear or affirm that the foregoing information blief.
Juli Dun	4.28.2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) Jodi C	Brimbilas		
II. Name of lobbyist's partne	rship, firm or co	rporation, if any:	
J. Grimbilas Strategic Sc	•	•	
	hip, firm or corporation)		·
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying for	n that is reportable	e pursuant to RSA Chapter 6	64 paid on behalf of the
Full name of candidate:	Greater Salen	n Federated Republi	can Woman (Middle Name/Initial)
Amount of contribution \$ 200	1	Office Candidate is Seeking	,
If the contribution is an in-kind cactual cost of the in-kind contribenter an estimated value and the	ution on the line ab		
Full name of candidate: Ri	cciardi, Deni		
Amount of contribution \$ 300	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) State Senate
If the contribution is an in-kind of actual cost of the in-kind contribution enter an estimated value and the	ution on the line ab		
Full name of candidate:	Stephen, Jo	hn	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500		Office Candidate is Seeking	Executive Council

If the contribution is an in-kind contribution, provide a descactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	cription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and	eby swear or affirm that the foregoing information belief.
Jodiffm	4.28.2025
(Signature of lobbyist)	(Date)
Jodi Grimbilas	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

II. Name of lobbyist's part	nership, firm or c	orporation, if any:			
J. Grimbilas Strategic Solutions LLC					
	ership, firm or corporation	1)			
III. Name of Client			Data		
THE TABLE OF CHERT			Date		
Political Contributions		L DGLGL			
For each political contribute client/lobbyist and lobbying	ion that is reportable firm, indicate the	te pursuant to RSA Chapter	664 paid on behalf of the		
Full name of candidate:	Long, Patrick				
Tull hame of candidate	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 30	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	State Senate		
Amount of contribution \$		Office Candidate is Seeking			
If the contribution is an in-kin actual cost of the in-kind contre enter an estimated value and the	ribution on the line al	de a description of the goods o	or services provided, and enter the on. If the actual cost is not known,		
enter an estimated value and th	ne word estimate.				
E-II					
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
_	(Last Name)	(First Name)	(Middle Name/Initial)		
_	,	, ,	(Middle Name/Initial)		
Amount of contribution \$ If the contribution is an in-kin-	d contribution, provi	Office Candidate is Seekin	•		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-kind cont	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in in-kind contribution	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-kind cont	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in in-kind contribution	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-kind cont	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-kind cont	d contribution, provide ribution on the line al the word "estimate."	Office Candidate is Seeking de a description of the goods cover for amount of contribution	or services provided, and enter the on. If the actual cost is not known,		
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the state of the in-kind contrenter and estimated value and the state of the in-kind control in the in	d contribution, provi	Office Candidate is Seekin	or services provided, and enter the		

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an	
enter an estimated value and the word "estimate."	,
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	
Ordi Am	4.28.2025
(Signature of lobbyist)	(Date)
Jodi Ğrimbilas	
(Print Name of lobbyist)	

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