

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JAN 2 9 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Gina Powers	s/Richard Parson	s/Kyle Baker/Rob	ert Collins
II. Name of lobbyist's partnership, firm o	or corporation, if any:		
RYP Granite Strategies			*
(Name of partnership, firm o	r corporation)		
One Capital Plaza PO Box 1500	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (603) 410-4350 (Telephone))	e-mail grp@rypgranite.com	
(Telephone)	(Fax)		
III. This statement covers: (Choose one -	file separate reports for	each client, OR you may	file a separate report
reportable expense transactions which ar	e not attributable to any	one client).	
All reportable transactions occurring in	the months prior to the rep	orting date relative to the t	following client:
			B
Boys and Girls Clubs of Ce	as it appears on the Lobbyist		
OR	as it appears on the isotoyist	registration i offin	
All reportable transactions by the lobbyis	st (including the lobbyist's	family), or the lobbying f	irm listed below which
unrelated to any particular client.			
w n	\neg	Lab. 21, 2024	
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration	 on to 3/31/24 acti	July 31, 2024 ivity from 4/1/24 to 6/30/24	
October 30, 2024		January 29, 2025	
activity from 7/1/24 to 9/3		from 10/1/24 to 12/31/24	
V. There have been no fees received a	nd no reportable trans	eactions made since the	last report
If this box is checked, complete just this form			
State House, Room 204, Concord, NH 0330	1.		
VI. Check if additional reports are attach	ed:		
If you have received fees or made expen		dendum A- Fees and Exp	enses
If you have paid an honorarium or reim			
Expense Reimbursement			
If you, your firm, or your family has ma	ide political contributions,	you must file Addendum	C- Political Contribut
Comme Canan and A SE amotion by Labbridge			
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C		swear or affirm that the for	egoing information is
and complete to the best of my knowledge a			_
ALOWOW.	1	January 29, 20	25
(Signature of lobbyist)	 	(Date)	
Gina R. Powers			
(Print Name of Johnvist)			S

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Gina Powers/Richard Parsons/Kyle	Baker/Robert Collins
II. Name of lobbyist's partnership, firm or corporation, if any:	
RYP Granite Strategies	
(Name of partnership, firm or corporation)	
III. Name of Client Boys and Girls Club of Central New Hampsh	nire Date January 29, 2025
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	_{a)} \$_42,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	a) \$ 42,000.00 b) \$ 0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 42,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 42,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period	_{d)} \$ 42,000.00	
(Add lines a, b and c)	0	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$0	
f) Total of all expenses year to date	_{f) \$} 42,000.00	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting	
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<u></u>		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information	
is true and complete to the best of my knowledge and belief.		
OHOW IS	January 29, 2025	
(Signature of lobbyist)	(Date)	
Gina R. Powers		
(Print Name of lobbyist)		