



STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 28 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

P I. Name of Lobbyist(s) Gina R. Powers

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A RYP Granite Strategies

S

E (Name of partnership, firm or corporation)

P III. Name of Client

Date

R

Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate:

Ricciardi

(Last Name)

Denise

(First Name)

(Middle Name/Initial)

Amount of contribution \$

250

Office Candidate is Seeking

State Senate

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."

Full name of candidate:

(Last Name)

(First Name)

(Middle Name/Initial)

Amount of contribution \$

Office Candidate is Seeking

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."

Full name of candidate:

(Last Name)

(First Name)

(Middle Name/Initial)

Amount of contribution \$

Office Candidate is Seeking

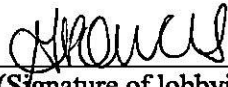
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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated 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)

10/14/2025

(Date)

Gina R. Powers

(Print Name of lobbyist)