	PLEASE PRINT	2024 Statem Expenses f	<i>EW HAMPSHIRE</i> ent of Income and or LOBBYISTS Chapter 15)	JAN 2 9 2025 NEW HAMPSHIRE DEPARTMENT OF ST
I. Name of Lobbyist	(s) Gina Pow	ers/William Ardi	nger	
II. Name of lobbyist RYP Granite		n or corporation, if any:		
	me of partnership, firm		N 11 1	
One Capital Plaza P		Concord	NH	03302
	treet)	(Town/City)	(State)	(Zip Code)
() <u>(603) 41</u>	0-4350 ()	e-mail grp@ryp	granite.com
(Telephone)		(Fax)		
		in the months prior to the	reporting date relative to the	following client:
Fidelity Inves	(Full Name of Clies	nt as it appears on the Lobby	_	
OR All reportable tran Unrelated to any partic IV. Date of Report Reports cover: activity	(Full Name of Clies sactions by the lobb cular client. April 24, 202 <i>from date of registra</i> October 30, 2024	yist (including the lobbyis 4 ation to 3/31/24 4	t's family), or the lobbying f July 31, 2024 Inctivity from 4/1/24 to 6/30/24 January 29, 2025	irm listed below which are
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OR All reportable tran Unrelated to any partic IV. Date of Report Reports cover: activity ac V. There have been If this box is checked, State House, Room 20 VI. Check if addition	(Full Name of Clien sactions by the lobb cular client. April 24, 202- of from date of registra October 30, 2024 divity from 7/1/24 to 9 n no fees received complete just this fe 04, Concord, NH 03 nal reports are atta	by ist (including the lobby is 4 ation to 3/31/24 4 9/30/24 action 1 and no reportable transform and submit it to the So 301. ached:	t's family), or the lobbying f July 31, 2024 Jactivity from 4/1/24 to 6/30/24 January 29, 2025 Vity from 10/1/24 to 12/31/24 Insactions made since the eccretary of State's Office, 107	e last report.
OR All reportable tran Unrelated to any partic IV. Date of Report Reports cover: activity ac V. There have been If this box is checked, State House, Room 20 VI. Check if addition If you have received	(Full Name of Clien sactions by the lobb cular client. April 24, 2024 of from date of registra October 30, 2024 divity from 7/1/24 to 9 n no fees received complete just this for 04, Concord, NH 03 nal reports are attan yed fees or made exp	by ist (including the lobby is 4	t's family), or the lobbying f July 31, 2024 Jactivity from 4/1/24 to 6/30/24 January 29, 2025 Vity from 10/1/24 to 12/31/24 Insactions made since the ecretary of State's Office, 107	e last report.
OR All reportable tran unrelated to any partic IV. Date of Report Reports cover: activity ac V. There have been If this box is checked, State House, Room 20 VI. Check if addition ✓ If you have receiv If you have paid a Expense Reimbursem	(Full Name of Clien sactions by the lobb cular client. April 24, 2024 of from date of registra October 30, 2024 divity from 7/1/24 to 9 n no fees received complete just this for 04, Concord, NH 03 nal reports are attan yed fees or made exp an honorarium or rei ent	by ist (including the lobby is 4	t's family), or the lobbying f July 31, 2024 Jactivity from 4/1/24 to 6/30/24 January 29, 2025 Vity from 10/1/24 to 12/31/24 Insactions made since the eccretary of State's Office, 107	e last report.
OR All reportable tran unrelated to any partic IV. Date of Report Reports cover: activity ac V. There have been If this box is checked, State House, Room 20 VI. Check if addition If you have receiv If you have paid a Expense Reimbursem If you, your firm, Sworn Statement/Aff I have read RSA 15, F and complete to the boy (Signature of lobbyis)	(Full Name of Clier sactions by the lobb cular client. April 24, 2024 of from date of registra October 30, 2024 divity from 7/1/24 to 9 a no fees received complete just this for 04, Concord, NH 03 nal reports are attanted fier an honorarium or relient or your family has firmation by Lobb SA 15-B, RSA 14- est of my knowledge	by ist (including the lobby is 4 ation to 3/31/24 4 b/30/24 action at and no reportable transform and submit it to the So 301. ached: penditures, you must file A imbursed expenses, you must file A i	t's family), or the lobbying f July 31, 2024 January 29, 2025 January 20,	e last report. \Box 7 North Main Street, enses ort of Honorariums or C- Political Contributions regoing information is true
OR All reportable tran unrelated to any partic IV. Date of Report Reports cover: activity acc V. There have been If this box is checked, State House, Room 20 VI. Check if addition ✓ If you have receiv If you have paid a Expense Reimbursem If you, your firm, Sworn Statement/Aff I have read RSA 15, F and complete to the burger March 10 March 15, F and complete to the burger March 15,	(Full Name of Clier sactions by the lobb cular client. April 24, 202- of from date of registra October 30, 2024 divity from 7/1/24 to 9 a no fees received complete just this fe 04, Concord, NH 03 nal reports are atta yed fees or made exp an honorarium or rei ent or your family has firmation by Lobb RSA 15-B, RSA 14- est of my knowledge t) ETS	by ist (including the lobby is 4 ation to 3/31/24 4 b/30/24 action at and no reportable transform and submit it to the So 301. ached: penditures, you must file A imbursed expenses, you must file A i	t's family), or the lobbying f July 31, 2024 January 29, 2025 January 29, 2025 January 29, 2025 January 29, 2025 January 29, 2025 January 29, 2025 Addendum A- Fees and Exp ust file Addendum B- Reports addendum A- Fees and Exp ust file Addendum B- Reports addendum B- Reports January 29, 202	e last report. \Box 7 North Main Street, enses ort of Honorariums or C- Political Contributions regoing information is true

8	STATE OF NEW HA	MPSHIRE
Lobbyists Fees and Exper		-
(a a a a	Addendum	Α
	(RSA Chapter 1	5:6)
I. Name of Lobbyist(s) Gina	Powers/William Ardinger	
II. Name of lobbyist's partne	rship, firm or corporation, if any:	
RYP Granite Strate		
	hip, firm or corporation)	
III. Name of Client Fidelity	Investments	Date January 29, 2025
to lobbying, including fees for s	fees received from the client identified above ervices such as public advocacy, governmen legislation, and related legal work. The gr	t relations, or public relations service
a) Total of all fees received in the	his reporting period	a) \$_20,000.00
	s calendar year, prior to this reporting period of all prior monthly reports for this calendar y	_{b) \$} 60,100.00
(This should equal the total	or an prior monuny reports for this calendar y	
c) Total of all fees received to a (Add lines a and b)	late	c) \$_80,100.00
 Indicate the amount of any s yet been paid 	uch fees that are due, but have not	_{d) \$} 0

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses, (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a)	Total aggregate expenses for this reporting period for salaries, benefits,	
suj	pport staff, and office expenses, related directly or indirectly to lobbying.	

a) \$ 2	0,000.00)
b) \$	0	10
c) \$	0	

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

_{d) \$} 20,000.00 d) Total expenses for this reporting period (Add lines a, b and c) 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) \$ 60,100.00 _{f)\$} 80,100.00

f) Total of all expenses year to date

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Amount:	
	\$	
	\$\$	
	\$	
	\$	
	\$	
	S	

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)

Gina R. Powers

(Print Name of lobbyist)

January 29, 2025

(Date)