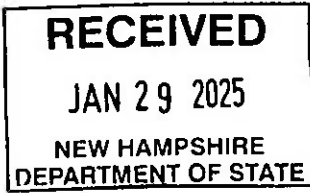




STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

I. Name of Lobbyist(s) Gina Powers

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

RYP Granite Strategies

(Name of partnership, firm or corporation)

One Capital Plaza PO Box 1500 Concord NH 03302

Business Address: (Street) (Town/City) (State) (Zip Code)

() (603) 410-4350 () 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 for reportable expense transactions which are not attributable to any one client).

[] All reportable transactions occurring in the months prior to the reporting date relative to the following client:

HealthFirst Family Care Center

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

[] All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2024 [] Reports cover: activity from date of registration to 3/31/24 October 30, 2024 [] activity from 7/1/24 to 9/30/24

July 31, 2024 [] activity from 4/1/24 to 6/30/24 January 29, 2025 [x] activity from 10/1/24 to 12/31/24

V. There have been no fees received and no reportable transactions made since the last report. [] If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

- [x] If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
[] If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
[] If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

[Handwritten signature]

(Signature of lobbyist)

Gina R. Powers

(Print Name of lobbyist)

January 29, 2025

(Date)

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

(RSA Chapter 15:6)



PLEASE PRINT

I. Name of Lobbyist(s) Gina Powers

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

RYP Granite Strategies

(Name of partnership, firm or corporation)

III. Name of Client HealthFirst Family Care Center Date January 29, 2025

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

- a) Total of all fees received in this reporting period a) \$ 1,512.00
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 0
c) Total of all fees received to date c) \$ 1,512.00
d) Indicate the amount of any such fees that are due, but have not yet been paid 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.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 1,512.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI. c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c) d) \$ 1,512.00

e) Total of expenses paid this calendar year, prior to this reporting period e) \$ 0
 (This should be the amount on line f of addendum A for last month's report)

f) Total of all expenses year to date f) \$ 1,512.00


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:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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)

January 29, 2025
 (Date)

Gina R. Powers
 (Print Name of lobbyist)