(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses

-for-LOBBYISTS--

(RSA Chapter 15)

JAN 1 4 2021

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1776 H	PLEASE PRINT		_		NEW HAMPSHIR	
I. Name of Lobbyist(s	s) <u>Gina</u>	m. t	Balkus		DEPARTMENT OF S	TAT
II. Name of lobbyist's	s partnership, firm or	r corporation, if	any:			
Granite		e Health	· Hospic	e Assa.		
	ne of partnership, firm or	corporation)	ort	NH	<i>U 3 301</i> . (Zip Code)	
Desain and Addison (Co.	4\	/TC //CC: .		(State)	(Zip Code)	
(603) 225 - E (Telephone)	5597 (60)	3) 225 - 5 (Fa	<i>617</i> e-x)	mail <u>GbAlKV3</u>	<u>sa homel</u> uun	4.0.
III. This statement co reportable expense tr					file a separate report for	
[V.11					C 11	
\sim	sactions occurring in th	,	;	ate relative to the t	following client:	
Granite &	Hate Hom.	e Health	h Hospid	a Assn.		
	(Full Name of Client as	it appears on the L	obbyist Registrat	ion Form)	•	
OR ☐ All reportable trans: unrelated to any particu		(including the lo	bbyist's family)	, or the lobbying fi	irm listed below which are	•
IV. Date of Report Reports cover: activi	April 29, 2020 [ion to 3/31/20		29, 2020		
	October 28, 2020 Lactivity from 7/1/20 to 9/			ry 27, 2021 🗌 1 <i>10/1/20 to 12/31/20</i>		
V. There have been If this box is checked, c State House, Room 204	complete just this form	and submit it to				
VI. Check if additions	al reports are attache	d:	•			
4	ed fees or made expend		file Addendum	A- Fees and Exp	enses	
If you have paid ar Expense Reimburseme	n honorarium or reimb ent	ursed expenses, y	ou must file Ad	dendum B- Repo	rt of Honorariums or	•
If you, your firm, o	or your family has mad	le political contri	butions, you mu	st file Addendum	C- Political Contributions	;
Sworn Statement/Affi						
	SA 15-B. RSA 14-C ai st of my knowledge an		hereby swear or	affirm that the for	egoing information is true	
	lles			1/9/21		
(Signature of lobbyist)	. Balkus			, v (Date)		
Gina M	. Balkus					