## STATE OF NEW HAMPSHIRE

## 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Gina	IVI. Baikus	·	<del></del>
II. Name of lobbyist's partners	hip, firm or corporation, if any:		
Granite State Home	Health & Hospice Assoc	iation	
(Name of partne	rship, firm or corporation)		<del></del>
8 Green St, Ste. 2	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(lob) 225-5597	<sub>(G03)</sub> 225-5817	e-mail gbalkus@ho	omecarenh.org
(Telephone)	(Fax)		
reportable expense transaction	oose one — file separate reports for s which are not attributable to any ecurring in the months prior to the re	one client).	
	Health & Hospice Assoc		tollowing chem.
	ne of Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by unrelated to any particular client.	the lobbyist (including the lobbyist'	s family), or the lobbying f	irm listed below which are
October	e of registration to 3/31/22 act	July 27, 2022	2
	received and no reportable tranust this form and submit it to the Sect 1, NH 03301.		
VI. Check if additional reports	are attached:		
	made expenditures, you must file Ad	Idendum A – Fees and Exp	enses
If you have paid an honorari Expense Reimbursement	um or reimbursed expenses, you mus	st file <b>Addendum B</b> Repo	ort of Honorariums or
If you, your firm, or your far	nily has made political contributions	, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I I have read RSA 15 RSA 15-B, and complete to the best of my ki	RSA 14-C and RSA 664 and hereby	swear or affirm that the for 2/9/23	regoing information is true
(Signature of lobbyist)		(Date)	1
Gina M. Balkus			
(Print Name of lobbyist)			