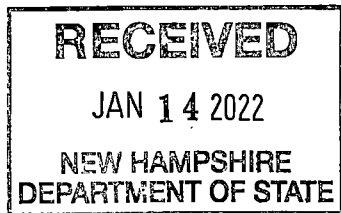


STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses
Addendum A

(RSA Chapter 15:6)



PLEASE PRINT

I. Name of Lobbyist(s) Gina M. Balkus

II. Name of lobbyist's partnership, firm or corporation, if any: Granite State Home Health & Hospice Association

III. Name of Client Granite State Home Health & Hospice Association Date 1/14/22

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) \$ 4286
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) \$ 4286
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$

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, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 5315
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) \$

d) Total expenses for this reporting period (Add lines a, b and c) d) \$ \$5315

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) \$ \_\_\_\_\_

f) Total of all expenses year to date f) \$ \$5315

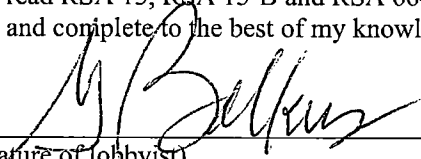
**VI. Other Expenses:**

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)

1/14/22  
(Date)

**Gina M. Balkus**  
\_\_\_\_\_  
(Print Name of lobbyist)



# STATE OF NEW HAMPSHIRE

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

**P** I. Name of Lobbyist(s) Gina N. Balkus

**L**  
**E**  
**A**  
**S**  
**E**

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

Granite State Home Health & Hospice Association

(Name of partnership, firm or corporation)

**P** III. Name of Client Granite State Home Health & Hospice Ass Date \_\_\_\_\_

**R**  
**I**  
**N**  
**T**

### Political Contributions

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

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Full name of candidate: Hassan Margaret H  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking US 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."

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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."

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

(turn over to continue →)

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."

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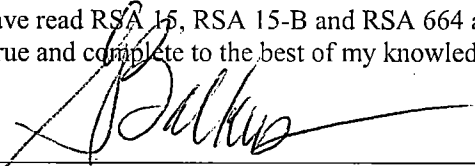
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**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)

1/14/21  
\_\_\_\_\_  
(Date)

Gina M. Balkus  
\_\_\_\_\_  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Granite State Home Health & Hospice Association

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Granite State Home Health & Hospice Association

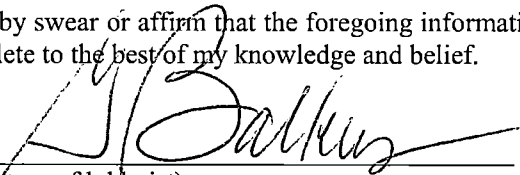
***Date of Report (check one):***

April 28, 2021  July 28, 2021  October 27, 2021  January 26, 2022

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

- Addendum A(s).
- Addendum B(s).
- Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

1/14/2022

(Date)

Gina M. Balkus

(Print Name of lobbyist)