

STATE OF NEW HAMPSHIRE

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

JAN 06 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Gina M. Ba	alkus		
II. Name of lobbyist's partnership, firn	or corporation, if any:		
Granite State Home Health	n & Hospice Associat	ion	
(Name of partnership, firm	or corporation)		
8 Green Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-225-5597</u> (Telephone)) 603-225-5817 (Fax)	e-maile	nomecarenh.org
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which	- file separate reports for eac are not attributable to any one	h client, OR you may e client).	y file a separate report f
All reportable transactions occurring	in the months prior to the reporti	ng date relative to the	following client:
Granite State Home Health	n & Hospice Associat	ion	
(Full Name of Clien	nt as it appears on the Lobbyist Reg	istration Form)	
<u>OR</u>			
All reportable transactions by the lobb	yist (including the lobbyist's far	nily), or the lobbying	firm listed below which a
unrelated to any particular client.			
IV. Date of Report April 24, 202	4	July 31, 2024	
Reports cover: activity from date of registra		from 4/1/24 to 6/30/24	
October 30, 2024		uary 29, 2025	
activity from 7/1/24 to 9	/30/24 activity fro	om 10/1/24 to 12/31/24	
V. There have been no fees received If this box is checked, complete just this fo State House, Room 204, Concord, NH 03	orm and submit it to the Secreta	tions made since th ry of State's Office, 10	e last report. 2
VI. Check if additional reports are atta	ched:		
If you have received fees or made ex		dum A-Fees and Ex	penses
If you have paid an honorarium or re	imbursed expenses, you must fil	e Addendum B – Rep	ort of Honorariums or
Expense Reimbursement		. 61	
If you, your firm, or your family has	made political contributions, you	u must file Addendur	n C- Political Contributi
Sworn Statement/Affirmation by Lobb I have read RSA 1/5, RSA 1/5-B, RSA 14- and complete/to-the best/of my knowledg	C and RSA 664 and hereby swe	ar or affirm that the fo	oregoing information is to
		December 31,	2024
(Simple of States of State		(Date	<u>.</u>
(Signature of Cobbyist) Gina M. Balkus		(Date	7
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Gina M. Ba	aikus 		
II. Name of lobbyist's partnership, firm Granite State Home Healtl		tion	
(Name of partnership, firm	n or corporation)		
8 Green Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(\ 603-225-5597	, 603-225-5817	e-mail gbalkus@ho	omecarenh.org
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which All reportable transactions occurring	are not attributable to any on	e client).	
Granite State Home Healt	h & Hospice Associa	tion	
•	nt as it appears on the Lobbyist Rep	gistration Form)	
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V. There have been no fees received If this box is checked, complete just this f State House, Room 204, Concord, NH 03	form and submit it to the Secreta	ctions made since the arry of State's Office, 107	e last report. 7 North Main Street,
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Expense Reimbursement If you, your firm, or your family has	made political contributions, yo	ou must file Addendum	C-Political Contributio
Sworn/Statement/Affirmation by Lobb I have read RSA 15, RSA/13-B, RSA 14 and complete to the Jest/of my knowledg	-C and RSA 664 and hereby sw ge and belief.		
NICMMUS		December 31, 2	· · · · · ·
(Signature of lobbyist)		(Date))
Gina M. Balkus			
(Print Name of lobbyist)			