STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

II. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur (Name of partnership, firm or corporation) 670 11. Commercial St., Se. 108, Po Dea: 1120 Manchester NH 03105-1120 Business Address: (Street) (TowanCity) (State) (State) (Zip Code) (Telephone) (Telephone) (Telephone) (Telephone) (Fex) 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: Harbor Care (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 27, 2022 July 27, 2022 July 27, 2022 January 25, 2023 January 25, 2023 V. There have been no fees received and no reportable transactions made since the last report. 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 Expenses Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C.—Political Contributions Sworn Stylemph/Affirmation by Lobbyist Thave peda RSA-57-SISA 13-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and completely first promy particular or properties. (Signature of lobbyist) JAN 2 5 2023 NEEV HAMAPSHIRE. OF STA- NEEV HAMAPSHIRE. III. This statement of particular complete particular completes and belief.	I. Name of Lobbyist(s) Jim Merril	I and Kathy Core	y-Fox	
Bernstein Shur (Name of partnership, firm or corporation) (Name of Client (Name of Client) (Fax) (II. Name of lobbyist's partnership, firm o	r corporation, if any:		
Business Address: (Street) (Town/City) (State) (Zip Code) Business Address: (Street) (State) (Dip Nou many file a separate report for reportable expense transactions by the lobbying client: Business Address: (Street) (Four Many or the Interport of Hobbying Client: Business Address (Street) (Pull Name of Client as it appears on the Lobbyist Registration Form) Business Address (Street) (Four Many or the Interport of Hobbyist (Including the lobbyist form 10/122 to 23/122 (Including the lobbyist) (Including the Including the I		· · · · · · · · · · · · · · · · · · ·		
Business Address: (Street) () 603 623-8700 () 603 623-7775 (Fix) (Town/City) (State) (Zip Code) (Telephone) () 603 623-7775 e-mail m.merrill@bernsteinshur.com (Fix) 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: Harbor Care (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 27, 2022 July 27, 20	(Name of partnership, firm o	r corporation)	· · · · · · · · · · · · · · · · · · ·	
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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 lest of my knowledge and belief. 1/17/2023	l I		_	
Sworn Statement/Affirmation by Lobbyist I have read 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. 1/17/2023		oursed expenses, you must file A	ddendum B— Repo	rt of Honorariums or
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. 1/17/2023	- ·	de political contributions, you m	ust file Addendum	C-Political Contributions
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. 1/17/2023				
(Signature of loobyist) Jim Merrill (Print Name of lobbyist) JAN 2 5 2023 MEW HAMPSHIRE	I have read RSA 15, RSA 15-B, RSA 14-C	and RSA 664 and hereby swear o	r affirm that the for	regoing information is true
Jim Merrill (Print Name of lobbyist) JAN 2 5 2023 NEW HAMPSHARE		1/	17/2023	
(Print Name of lobbyist) JAN 2 5 2023 MEW HAMPSHIFT	(Signature of losbyist)		(Date)	
JAN 25 2023 MEW HAMPSHALL	_/		R	ECEIVED
	(Print Name of lobbyist)			JAN 2 5 2023

L Ē A S E R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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JAN 25 2023

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II. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur				
II	(Name of partnership, firm or corporation) I. Name of Client Harbor Care	Date 1/17/2023		
In to in	V. Fees Received dicate the gross amount of all fees received from the client identified above lobbying, including fees for services such as public advocacy, government cluding research, monitoring legislation, and related legal work. The graduced by any expenses:	relations, or public relations service		
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
a)	Total of all fees received in this reporting period	a) \$ 5,000.00		
	Total of all fees received in this reporting period Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	a) \$ 5,000.00 b) \$ 20,000.00		
b)	Total of all fees received this calendar year, prior to this reporting period	a) \$ 5,000.00 b) \$ 20,000.00 ear) 25,000.00 d) \$ 5,000.00		

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):\$,500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI	c) \$	000

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 7,500.00
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)\$ 22,500,00
f) Total of all expenses year to date	1)8 30,000,00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	0.
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	1/17/2023
(Signature of Jobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	

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JAN 25 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

*Attachment to Addendum A, Section V

The Bernstein Shur Group is a subsidiary business of the Bernstein Shur law firm, with offices in Maine, New Hampshire and Vermont. The Group's lobbying work is only one part of a broad range of work, and the consultants involved in lobbying also perform other consulting work which is completely unrelated to lobbying. All fees for services and reimbursable expenses paid by Bernstein Shur Group clients (including lobbying clients) are deposited into the . operating revenues of the Group and/or law firm. All operating expenses of the Group are paid from operating expenses of the Group and/or law firm. Accordingly, it is impossible to determine with any more specificity how funds placed into our general operating account were later used.

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JAN 25 2023

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STATE OF NEW HAMPSHIRE

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

•	I. Name of Lobbyist(s)	im Merrill and Kathy	/ Corey-Fox		
	II. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur (Name of partnership, firm or corporation)				
; :					
•	III. Name of Client	terbor Care		_{Date} 1/17/2023	
R I Political Contributions N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf T client/lobbyist and lobbying firm, indicate the following:			64 paid on behalf of the		
	Full name of candidate:	Sununu	Christopher		
	Amount of contribution \$	(Last Name) 48.00	(First Name) Office Candidate is Seeking <u>C</u>	(Middle Name/Initial)	
	If the contribution is an in- actual cost of the in-kind c enter an estimated value a	contribution on the line abo	e a description of the goods or some for amount of contribution.	services provided, and enter the If the actual cost is not known	
	 -				
!					
!	Full name of candidate:	Avard	Kevin		
	Full name of candidate:	(Last Name)	Kevin (First Name)	(Middle Name/Initial)	
	Full name of candidate:	(Last Name)		Ctata Canata	
	Amount of contribution \$ If the contribution is an in-	(Last Name) 100.00 -kind contribution, provide contribution on the line about	(First Name) Office Candidate is Seeking a description of the goods or	Ctata Canata	
	Amount of contribution \$ If the contribution is an in- actual cost of the in-kind of	(Last Name) 100.00 -kind contribution, provide contribution on the line about	(First Name) Office Candidate is Seeking a description of the goods or	State Senate	
!	Amount of contribution \$ If the contribution is an in- actual cost of the in-kind of	(Last Name) 100.00 -kind contribution, provide contribution on the line about the word "estimate." Murphy	(First Name) Office Candidate is Seeking a description of the goods or	State Senate	
,	Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value at the contribution of candidate:	(Last Name) 100.00 -kind contribution, provide contribution on the line about the word "estimate." Murphy (Last Name)	(First Name) Office Candidate is Seeking a description of the goods or so ove for amount of contribution.	State Senate services provided, and enter the If the actual cost is not known (Middle Name/Initial)	
•	Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value at the contribution of candidate:	(Last Name) 100.00 -kind contribution, provide contribution on the line about the word "estimate." Murphy	(First Name) Office Candidate is Seeking e a description of the goods or sove for amount of contribution. Keith	State Senate services provided, and enter the If the actual cost is not known	
	Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value as Full name of candidate:	(Last Name) 100.00 -kind contribution, provide contribution on the line about the word "estimate." Murphy (Last Name)	(First Name) Office Candidate is Seeking a description of the goods or sove for amount of contribution. Keith (First Name) Office Candidate is Seeking	State Senate services provided, and enter the If the actual cost is not known (Middle Name/Initial)	

NEW HAMPSHIE DEPARTMENT OF STA

actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is n	
enter an estimated value and the word "estimate."	
	130
(If more than three contributions were made, report additional of	contributions on senarate addendum C forms)
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he	ereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge an	d belief.
Ω	
	1/17/2023
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	-

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