STATE OF NEW HAMPSHIRE

2023 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15)

RECEIVED

OCT 2 5 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jim Merri	ll and Kathy Core	ey-Fox	
II. Name of lobbyist's partnership, firm of Bernstein Shur	or corporation, if any:		
(Name of partnership, firm of	or corporation)		
N. Commercial St., Ste 108 P.O. Bo	×1120 Manchester	NH	03105-1120
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(() (603) 623-8700 (Telephone)) (603) 623-7775 (Fax)	e-mail jim.merrill@l	pernsteinshur.com
III. This statement covers: (Choose one - reportable expense transactions which are			y file a separate report for
All reportable transactions occurring in	the months prior to the reporting	date relative to the	following client:
Covenant Health, Inc.			J
	as it appears on the Lobbyist Registra	ation Form)	
OR All reportable transactions by the lobbyi unrelated to any particular client.		,	firm listed below which are
IV. Date of Report April 26, 2023 Reports cover: activity from date of registra October 25, 2023 activity from 7/1/23 to 9/3	tion to 3/31/23 activity from Januar	y 26, 2023 om 4/1/23 to 6/30/23 y 31, 2024 10/1/23 to 12/31/23	
V. There have been no fees received a If this box is checked, complete just this for State House, Room 204, Concord, NH 0330	m and submit it to the Secretary o		
VI. Check if additional reports are attach	ned:		
If you have received fees or made expe	nditures, you must file Addendu	m A Fees and Exp	penses
If you have paid an honorarium or reim Expense Reimbursement	bursed expenses, you must file A	ddendum B – Repo	ort of Honorariums or
If you, your firm, or your family has ma	ade political contributions, you m	ust file Addendun	C-Political Contributions
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a	and RSA 664 and hereby swear or and belief.		regoing information is true
/s/ Jim Merrill	10	/25/2023	
(Signature of lobbyist)		(Date)
Jim Merrill			
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Bernstein Shur (Name of partnership, firm or corporation)		
III. Name of Client Covenant Health, Inc.	Date _	10/25/2023
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, o	or public relations ser ount reported shall no
a) Total of all fees received in this reporting period	a) \$	40,100.00
b) 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 y	b) \$ rear)	40,100.00
c) Total of all fees received to date (Add lines a and b)	c) \$	52,100.00
I) Indicate the amount of any such fees that are due, but have not yet been paid		,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and it may be file e aggregate expenses; (b) de: meals pro- ess than \$10 ed with a va- orting period ue of greate er than \$25 is, expense re-	f expenditures are mand for the lobbyist(s)/total of all expenses the aggregate total of all expenses that is given to the pulue of \$25.00 or less) dof greater than \$25.00 or the pulue of the pulue of the pulue of \$25.00 or less) dof greater than \$25.00 or the pulue of the pulue of
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00(see attache
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	2 (2	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 40,100
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) \$12,000
f) Total of all expenses year to date	_{f) \$ 52,100}
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from learning including by whom paid or to whom charged.	obbying fees during this report
Paid to:	Amount:
<u> </u>	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing informa
/s/ Jim Merrill	10/25/2023
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	

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*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.



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Jim	Merrill and Kathy	Corey-Fox	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Bernstein Shur	• *	• •	
(Name of partn	ership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·	· · ·
III. Name of Client Coven	ant Health, Inc.		_{Date} 10/25/2023
Political Contributions For each political contributions client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate:	irdsell	Regina	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $\frac{15}{2}$	50.00 c	Office Candidate is Seeki	sag Senator
Full name of candidate:			·.
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	eking
	ribution on the line abo		ds or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Se	(Middle Name/Initial)

enter an estimated value and the word "estimate."	ove for amount of contribution. If the actual cost is not known,
· ·	
<u> </u>	
(If more than three contributions were made, report addition	onal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 ar is true and complete to the best of my knowledge	nd hereby swear or affirm that the foregoing information ge and belief.
	10/25/2023
/s/ Jim Merrill	
/s/ Jim Merrill (Signature of lobbyist)	(Date)
<u></u>	(Date)