

I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 28 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

Jim Merrill and Kathy Corey Fox

II. Name of lobbyist'	's partnership, firm or corp	poration, if an	y:	
Bernstein	Shur Group			
(Nar	me of partnership, firm or corpo	oration)		
670 N. Commerc	ial Street, Suite 108, P.G	O. Box 1120	, Manchester NH 03	105
Business Address: (St	treet)	(Town/City)	(State)	(Zip Code)
(603, 665-8853	(603)	623-7775	e-mail jim.r	merrill@bernsteinshur.com
(Telephone)		(Fax)		
	overs: (Choose one – file so ransactions which are not			ou may file a separate report for
☐ All reportable tran	nsactions occurring in the mo	onths prior to th	ne reporting date relative	to the following client:
	Lifestance	Health		
	(Full Name of Client as it ap	pears on the Lob	byist Registration Form)	
<u>OR</u>				
☐ All reportable transunrelated to any partic		luding the lobb	yist's family), or the lob	bying firm listed below which are
IV. Date of Report	April 29, 2020 □		July 29, 2020	
Reports cover: activ	ity from date of registration to 3/31/20		activity from 4/1/20 to 6/30/20	
	October 28, 2020 activity from 7/1/20 to 9/30/20		January 27, 2021 \square activity from 10/1/20 to 12/31/20	
If this box is checked,	n no fees received and no complete just this form and 04, Concord, NH 03301.			
VI. Check if addition	nal reports are attached:			•
☐ If you have receiv	ved fees or made expenditure	es, you must fil	e Addendum A– Fees a	nd Expenses
☐ If you have paid a Expense Reimbursem		l expenses, you	must file Addendum B	- Report of Honorariums or
☐ If you, your firm,	or your family has made po	litical contribu	tions, you must file Add	endum C- Political Contribution
I have read RSA 15, F	firmation by Lobbyist RSA 15-B, RSA 14-C and R est of my knowledge and be		eby swear or affirm that	the foregoing information is true
/ / n			October 27,	2020
(Signature of lobbyist	t)			(Date)
Jim Merrill				
(Print Name of lobby	ist)			

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: BERNSTEIN SHUR Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): October 28, 2020 January 27, 2021 🗆 April 29, 2020 □ July 29, 2020 □ 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.