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

PLEASE PRINT

I. Name of Lobbyist(s) Jim Merrill, K	athy Casey-Fo	x, Will	Craig
II. Name of lobbyist's partnership, firm or corp	oration, if any:		
Bernstein Shur			
(Name of partnership, firm or corpo	ration)		
670 P.O. Box 1120 I	Manchester	NH	03105-1120
	Town/City)	(State)	(Zip Code)
$() \frac{603-623-8700}{(Telephone)} () \frac{6}{}$	03-623-7775 _{e-ma}	ail	l@bemsteinshur.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one - file se reportable expense transactions which are not a			nay file a separate report for
All reportable transactions occurring in the mo		e relative to	the following client:
Camp Kenwood & Evergr	reen		
	pears on the Lobbyist Registration	ı Form)	
All reportable transactions by the lobbyist (incl	uding the Johhvist's family)	or the Johnvi	ng firm listed helow which are
Unrelated to any particular client.	during the loopy ist a family), c	, the 1000y1	ing in in risted below without are
		[1
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration to 3/.		1, 2024 <u> </u>] /2 4
October 30, 2024	January 29		Ī
activity from 7/1/24 to 9/30/24	activity from 10/1		24
V. There have been no fees received and no If this box is checked, complete just this form and State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expenditure			
If you have paid an honorarium or reimbursed Expense Reimbursement	expenses, you must file Adde	endum B- P	Report of Honorariums or
If you, your firm, or your family has made pol	itical contributions, you must	file Adden	lum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RS and complete to the best of my knowledge and bel		ffirm that the	e foregoing information is true
/s/ Jim Merrill	10/2	25/202	4
(Signature of lobbyist)		(D	Pate)
Jim Merrill		8	PEOENTO
(Print Name of lobbyist)	_		RECEIVED
		Į.	OCT 3 0 2024
			NEW HAMPSHIRE
			DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jim Merrill, Kathy Corey-Fo	ox, Will Craig
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bernstein Shur	
(Name of partnership, firm or corporation)	40/05/0004
III. Name of Client Camp Kenwood & Evergreer	1 _{Date} 10/25/2024
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, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: a) Total of all fees received in this reporting period 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 year) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid	that are related, directly or indirectly, relations, or public relations services can be amount reported shall not be a) \$\frac{0.00}{0.00}\$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid (penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a cr than \$25, but not greater than \$50, expense reimbursement, or political ed 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. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$ 0.00(see attachment)
in a), of \$25 or less.	b) \$ <u>U.UU</u>
c) Total of all itemized expenditures reported in detail in section VI.	$\frac{0.00}{0.00}$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
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) \$ 0.00
f) Total of all expenses year to date	_{0,8} 3,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	\$
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 information
	10/25/2024
is true and complete to the best of my knowledge and belief.	
is true and complete to the best of my knowledge and belief. /s/ Jim Merrill	10/25/2024

*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.

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's par	tnership, firm or co	rporation, if any:	
Bernstein Shur			
(Name of part	nership, firm or corporation)	<u></u>	
III. Name of Client Camp	s Kenwood & Ev	ergreen	_{Date} 10/25/2024
Political Contributions For each political contribut client/lobbyist and lobbyin			oter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seeki	State Senate
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate: <u>J</u>	ohn Stepher	1	
		(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	00.00	_ Office Candidate is See	Executive Council
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	e a description of the good ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
	D : 1		
Full name of sondides	David	Rochefort	
Full name of candidate:	(Last Name)	Rochefort (First Name)	
	(Last Name)	(First Name) Office Candidate is See	(Middle Name/Initial)

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or corr	ooration, if any	
Bernstein Shur		oracion, ir any.	
	ership, firm or corporation)		
III. Name of Client Camp	Kenwood & Ever	green	_{Date} 10/25/2024
Political Contributions For each political contribut client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	fice Candidate is Seeki	State Senate
enter an estimated value and the	ne word "estimate."		
Full name of candidate: T	im Lang		
Amount of contribution \$ 20	(Last Name)	(First Name) Office Candidate is Sec	(Middle Name/Initial) State Senate
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above	description of the goo e for amount of contrib	ds or services provided, and enter the oution. If the actual cost is not known,
	1/2		
	T		
Full name of candidate:	Howard	Pearl	
4.6	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate is See	_{uting} State Senate

actual cost of the in-kind contribution on the line abo enter an estimated value and the word "estimate."	ve for amount of contribution. If the actual cost is not known,
Additional Contribution - \$1,000 to K	elly Ayotte for Governor
(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 an is true and complete to the best of my knowledge	d hereby swear or affirm that the foregoing information e and belief.
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the

I. Name of Lobbyist(s) Ka	thy Corey-Fox		
II. Name of lobbyist's par	tnership, firm or c	orporation, if any:	
Bernstein Shur	•	•	
(Name of part	nership, firm or corporation	n)	
III. Name of Client Camp	s Kenwood & Ev	vergreen	Date 10/25/2024
Political Contributions For each political contribu client/lobbyist and lobbyir			pter 664 paid on behalf of the
Full name of candidate:	riends of Do	oug Thomas	(Middle Name/Initial)
Amount of contribution \$ 5		Office Candidate is Seek	01.1
If the contribution is an in-ki	nd contribution, provideribution on the line al	de a description of the goo bove for amount of contrib	ods or services provided, and enter the pution. If the actual cost is not known,
Full name of candidate:	Committee to	Elect House	Republicans (Middle Name/Initial)
Amount of contribution \$ 10		Office Candidate is Se	Ctata Damas autations
If the contribution is an in-kir	d contribution, provide ribution on the line ab	de a description of the goo pove for amount of contrib	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)
Amount of contribution \$		Office Candidate is Sec	eking

If the contribution is an in-kind contribution, provide a cactual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	description of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
(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 his true and complete to the best of my knowledge as	nereby swear or affirm that the foregoing information and belief.
/s/ Kathy Corey-Fox	10/25/2024
(Signature of lobbyist)	(Date)
Kathy Corey-Fox	
(Print Name of Johnvist)	

I. Name of Lobbyist(s) Wil	liam Craig		
II. Name of lobbyist's par	tnership, firm or c	orporation, if any:	
Bernstein Shur			
·	nership, firm or corporation		
III. Name of Client Camp	s Kenwood & Ev	/ergreen	_{Date} 10/25/2024
Political Contributions For each political contributions client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seek	Executive Counsil
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line at	de a description of the goo	ods or services provided, and enter the pution. If the actual cost is not known,
Full name of candidate:	at Long		
Amount of contribution \$ 20	(Last Name)	(First Name)Office Candidate is Sec	(Middle Name/Initial) State Senate
If the contribution is an in-kin	d contribution, provid	de a description of the goo pove for amount of contrib	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)
Amount of contribution \$		Office Candidate is See	eking

actual cost of the in-kind contribution on the line above	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	d hereby swear or affirm that the foregoing information and belief.
/s/ William Craig	10/25/2024
(Signature of lobbyist)	(Date)
William Craig	
(Print Name of lobbyist)	