# 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JUL 28 2021

| Jim  | Merrill and Kathy Corey-Fox  |   | JUL 28 2021                          |
|--|--|---|--------------------------------------|
| I. Name of Lobbyist(s)   |  | · ·   | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |
| II. Name of lobbyist's partners  | ship, firm or corporation, if any:   |   | DEPARTMENT OF STATE                  |
| The Bernstein Shur Group   |  |   |                                      |
| (Name of partne  | rship, firm or corporation)  |   |                                      |
| 670 N. Commercial Street   | , P.O. Box 1120, Manchester N  | H 03105   |                                      |
| Business Address: (Street)   | (Town/City)  | (State)   | (Zip Code)                           |
| 603 665 8853   | 603 623-7773   | e-mail jim.merrill@be   | ernsteinshur.com                     |
| (Telephone)  | (Fax)  |   |                                      |
| reportable expense transaction   | oose one – file separate reports for as which are not attributable to any occurring in the months prior to the rep   | one client).  |                                      |
| •  | Camp Birchmont   |   |                                      |
| (Full Nan  | ne of Client as it appears on the Lobbyist   | Registration Form)  |                                      |
| IV. Date of Report April 28 Reports cover: activity from da October activity fro  V. There have been no fees If this box is checked, complete j State House, Room 204, Concord  VI. Check if additional reports If you have received fees or | te of registration to 3/31/21 action 27, 2021 action 7/1/21 to 9/30/21 action 7/1/21 to 9/30/21 action 27, 2021 action 27, 202 | July 28, 2021  January 26, 2022  January 26, 2022  Javity from 10/1/21 to 12/31/21  sactions made since the last retary of State's Office, 107 Nord | report<br>th Main Street,            |
| Expense Reimbursement  | ium or reimbursed expenses, you mus mily has made political contributions,   | -   |                                      |
| Sworn Statement/Affirmation I have read RSA 15, RSA 15/B, and complete to the best of thy k  (Signature of lobbyist)  Jim Merrill  (Pfint Name of lobbyist)  | RSA 14-C and RSA 664 and hereby  | swear or affirm that the foregoin   | ng information is true               |

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| The Bernstein S  | - 100  |   |
|--|--|---|
| (Name  | e of partnership, firm or corporation)   | 1 1   |
| III. Name of Client _  | Camp Birchmont   | Date 7 27 21  |
| to lobbying, including   | unt of all fees received from the client identified above fees for services such as public advocacy, governme onitoring legislation, and related legal work. The ges:  | ent relations, or public relations service  |
| a) Total of all fees reco  | eived in this reporting period   | a)\$ 3,000.00   |
|  | eived this calendar year, prior to this reporting period<br>the total of all prior monthly reports for this calendar   |   |
| c) Total of all fees rec<br>(Add lines a and   |  | c)\$_5,000.00   |
| d) Indicate the amoun yet been paid  | t of any such fees that are due, but have not  | d) \$O. 55  |
| fees. Separate reports<br>the lobbyist(s)/firm th<br>Expenses are to be re-<br>during the reporting p<br>individual expenses wi<br>lunch where the cost w<br>being lobbied, purchas<br>(c) an itemized statement | partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each at are unrelated to any one client a separate report ported in one of three categories of expenses: (a) the eriod for salaries, benefits, support staff, and office there the expenditure was of \$25.00 or less (for examples) as \$25.00 or less, purchase of a pen with a value of the eriod of a ceremonial object given to a person being lobbered to the each individual expenditure made during this regreted by (a) (for example: purchase of a meal with value of a meal wi | th client and if expenditures are made<br>t may be filed for the lobbyist(s)/fin<br>the aggregate total of all expenses p<br>expenses; (b) the aggregate total of<br>apple: meals purchased during a busin<br>less than \$10 that is given to the person<br>bied with a value of \$25.00 or less); a<br>prorting period of greater than \$25.00 |

Jim Merrill and Kathy Corey-Fox

| <ul> <li>Total aggregate expenses for this reporting period for salaries, benefits,<br/>support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul> | a) \$   | 3,000.00 (see Had) |
|--|---------|--------------------|
| b) Total aggregate of expenditures during this reporting period , not reported in a), of $\$25$ or less.   | b) \$ _ | 0.50               |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$ _ | 0.00               |

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.

| d) Total expenses for this reporting period  | d)\$ 3,000.00                      |
|--|------------------------------------|
| (Add lines a, b and c)   |                                    |
| 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) \$ 2,000.00                     |
| f) Total of all expenses year to date  | 1)\$ 5, EDV. UV                    |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
|  |                                    |
| 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   |
|  | 7/27/21                            |
| (Signature of Johnviet)  | (Date)                             |

Jim Merrill

(Print Name of lobbyist)

## \*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.

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

Jim Merrill, Kathy Corey-Fox I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: A The Bernstein Shur Group S (Name of partnership, firm or corporation) E III. Name of Client Date R **Political Contributions** For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Charles Morse Full name of candidate: (First Name) (Middle Name/Initial) (Last Name) State Senate 100.00 Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." NH Senate Democratic Caucus Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) PAC 250.00 Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Ricciardi Denise (Middle Name/Initial) (Last Name) (First Name) 100.00 State Senate Amount of contribution \$ Office Candidate is Seeking

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above 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 additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| (Signature of lobbyist)  (Signature of lobbyist)  |
| Jim Merrill (Print Name of lobbyist)  |



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

| The Bernstein   | Shur Group   |   |   |
|---|--|---|---|
|   | rtnership, firm or corporation)  |   |   |
| II. Name of Client  |  |   | Date  |
| Political Contributions For each political contributions client/lobbyist and lobbyi                                   |  |   | oter 664 paid on behalf of the  |
| Full name of candidate:   | Hennessey  | Erin  |   |
| _   | (Last Name)  | (First Name)  | (Middle Name/Initial)   |
| Amount of contribution \$   | 100.00   | Office Candidate is   | s Seeking State Senate  |
|   |  |   |   |
|   | Carnon   | Sharan  |   |
| Full name of candidate:   | Carson<br>(Last Name)  | Sharon<br>(First Name)  | (Middle Name/Initial)   |
| -   | Carson (Last Name) 100.00  | Sharon (First Name) Office Candidate is   | (Middle Name/Initial) s Seeking PAC                                       |
| Amount of contribution \$  f the contribution is an in-k ctual cost of the in-kind co                                 | (Last Name) 100.00  ind contribution, provide ntribution on the line abo                         | (First Name)  Office Candidate is a description of the good                               | s Seeking PAC ds or services provided, and enter t                        |
| Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind co- enter an estimated value and | (Last Name) 100.00 ind contribution, provide ntribution on the line about the word "estimate."   | (First Name)Office Candidate is a description of the good we for amount of contribution   | ds or services provided, and enter tution. If the actual cost is not know |
|   | (Last Name) 100.00  ind contribution, provide intribution on the line about the word "estimate." | (First Name)Office Candidate is a description of the good we for amount of contributions. | s Seeking PAC ds or services provided, and enter t                        |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above 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 additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| (Signature of lobbyist)  7   7   7   (Date)   |
| Jim Merrill (Print Name of lobbyist)  |



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

| The Bernstein S  |  |   |  |
|--|--|---|--|
| (Name of par   | mership, firm or corporation)  |   |  |
| III. Name of Client  |  |   | Date   |
| Political Contributions For each political contribu client/lobbyist and lobbyir  |  |   | ter 664 paid on behalf of the  |
| Full name of candidate:  | Bradley  | Jeb   |  |
| run name or candidate.   | (Last Name)  | (First Name)  | (Middle Name/Initial)  |
| Amount of contribution \$  | 200.00   | Office Candidate is   | State Senate   |
|  |  |   |  |
|  | Bradlev  | Jeb   |  |
| Full name of candidate: _  | Bradley (Last Name)  | Jeb<br>(First Name)   | (Middle Name/Initial)  |
| _  | Bradley (Last Name) 250.00   | (First Name)  | (Middle Name/Initial) Seeking State Senate   |
|  | (Last Name) 250.00  nd contribution, provide tribution on the line abo                               | (First Name) Office Candidate is a description of the good                          | ,  |
| Amount of contribution \$  If the contribution is an in-ki actual cost of the in-kind con                              | (Last Name) 250.00  Ind contribution, provide tribution on the line abouthe word "estimate."  Carson | (First Name)Office Candidate is a description of the good we for amount of contribu | s Seeking State Senate  ds or services provided, and enter the actual cost is not known.  If the actual cost is not known. |
| Amount of contribution \$  If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and | (Last Name) 250.00  Ind contribution, provide tribution on the line abothe word "estimate."          | (First Name)Office Candidate is a description of the good ve for amount of contribu | Seeking State Senate ds or services provided, and enter the  |

| actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above 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 additional contributions on separate addendum C forms.)  |
| Sworn Statement/Affirmation by Lobbyist  |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  |
| (Signature of lobbyist) Tank   |
| Jim Merrill (Print Name of lobbyist)   |



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

| The Bernstein S   |  |   |   |
|---|--|---|---|
| (Name of part   | mership, firm or corporation)  |   |   |
| II. Name of Client  |  |   | Date  |
| Political Contributions For each political contribu client/lobbyist and lobbyin |  |   | oter 664 paid on behalf of the  |
| Full name of candidate:   | French   | Harold  |   |
| _   | (Last Name)  | (First Name)  | (Middle Name/Initial)   |
| Amount of contribution \$   | 50.00  | Office Candidate i  | is Seeking State Senate   |
|   |  | ve for amount of contrib  | ution. If the actual cost is not know   |
| enter an estimated value and  | the word "estimate."   |   | ution. If the actual cost is not know   |
| enter an estimated value and  | the word "estimate."  Ward   | Ruth  |   |
| Full name of candidate:   | the word "estimate."   | Ruth<br>(First Name)  | (Middle Name/Initial) s Seeking State Senate                                      |
| Full name of candidate:  Amount of contribution \$                              | Ward (Last Name) 50.00  nd contribution, provide tribution on the line abo                     | Ruth (First Name) Office Candidate is a description of the goo                              | (Middle Name/Initial) s Seeking State Senate ds or services provided, and enter t |
| Full name of candidate:  Amount of contribution \$                              | Ward (Last Name) 50.00  nd contribution, provide tribution on the line abo                     | Ruth (First Name) Office Candidate is a description of the goo                              | (Middle Name/Initial)   |
| Full name of candidate:  Amount of contribution \$                              | Ward (Last Name) 50.00  nd contribution, provide tribution on the line abothe word "estimate." | Ruth  (First Name)  Office Candidate is a description of the good eve for amount of contrib | (Middle Name/Initial) s Seeking State Senate ds or services provided, and enter t |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above 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 additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| (Signature Tobbyist)  7/27/2  (Date)  |
| Jim Merrill   |
| (Pfint Name of lobbyist)  |



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

| I. Name of Lobbyist(s)   |                                  |   |  |  |
|--|----------------------------------|---|--|--|
| II. Name of lobbyist's par   | rtnership, firm or corpor        | ation, if any:                                  |  |  |
| The Bernstein S  |                                  | ,   |  |  |
|  | tnership, firm or corporation)   |   |  |  |
| III. Name of Client  |                                  | Date  |  |  |
|  | ation that is reportable purs    |   | ter 664 paid on behalf of the  |  |
| Full name of candidate:  | Giuda                            | Bob   |  |  |
| _  | (Last Name)                      | (First Name)                                    | (Middle Name/Initial)  |  |
| Amount of contribution \$  | 50.00                            | Office Candidate is                             | Seeking State Senate   |  |
|  | Hennessey                        | Erin  |  |  |
| Full name of candidate: _  | (Last Name)                      | (First Name)                                    | (Middle Name/Initial)  |  |
| Amount of contribution \$  | 50.00                            | ,   | Seeking State Senate   |  |
| If the contribution is an in-kactual cost of the in-kind corenter an estimated value and | ntribution on the line above for | escription of the good<br>or amount of contribu | ls or services provided, and enter tation. If the actual cost is not known |  |
|  |                                  |   |  |  |
|  |                                  |   |  |  |
| Full name of candidate:  | Ricciardi                        | Denise  |  |  |
| Full name of candidate: _  | Ricciardi<br>(Last Name)         | Denise<br>(First Name)                          | (Middle Name/Initial)  Seeking State Senate                                |  |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above 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 additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  |
| (Signature of Lobbyist)  Jim Merrill  |
| (Print Name of lobbyist)  |