

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jim]	Merrill and Kathy Corey F	ox	
II. Name of lobbyist's partners The Bernstein Shur Grou	•	ıy:	
(Name of partne	rship, firm or corporation)		
670 N. Commercial Street	Suite 108, P.O. Box 1120	, Manchester NH	03105
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 <u>665-8853</u> (Telephone)	(603) <u>623-7775</u> (Fax)	e-mail jim.n	nerrill@bersteinshur.com
III. This statement covers: (Chreportable expense transaction			ou may file a separate report for
☐ All reportable transactions o	ocurring in the months prior to t	he reporting date relative	to the following client:
	Lifestance Health		
·	ne of Client as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable transactions by unrelated to any particular client		oyist's family), or the lob	bying firm listed below which are
Reports cover: activity from da	9, 2020	July 29, 2020 activity from 4/1/20 to 6/30/20	
	- 28, 2020	January 27, 2021 activity from 10/1/20 to 1	
V. There have been no fees If this box is checked, complete y State House, Room 204, Concor	ust this form and submit it to th	transactions made sin e Secretary of State's Offi	ice the last report. ice, 107 North Main Street,
VI. Check if additional reports	are attached:		
•	made expenditures, you must fi	le Addendum A – Fees a	nd Expenses
☐ If you have paid an honorar Expense Reimbursement	um or reimbursed expenses, yo	u must file Addendum B	– Report of Honorariums or
☐ If you, your firm, or your fa	mily has made political contribu	utions, you must file Add	endum C– Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and he	ereby swear or affirm that	the foregoing information is true
		January 27, 2	021
(Signature of lobby lst)		-	(Date)
Jim Morrill			
(Print Name of lobbyist)	•		