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

### PLEASE PRINT

I. Name of	Lobbyist(s) Jim Merrill, K	(athy Corey-F	OX	· · · · · · · · · · · · · · · · · · ·
II. Name of	lobbyist's partnership, firm o	r corporation, if an	y:	
Bernste	in Shur			
-	(Name of partnership, firm o	r corporation)		
670	P.O. Box 112	20 Manchest	er NH	03105-1120
Business Add		(Town/City)	(State)	(Zip Code)
· /	3-623-8700	603-623	-7775 e-mail jim.merril	ll@bernsteinshur.com
(Te	elephone)	(Fax)		
	itement covers: (Choose one – expense transactions which ar			may file a separate report for
✓ All repo	rtable transactions occurring in	the months prior to tl	ne reporting date relative to	the following client:
	can Heart Assoc			
	(Full Name of Client a	as it appears on the Lob	byist Registration Form)	
OR				
	table transactions by the lobbyis any particular client.	st (including the lobb	yist's family), or the lobbyi	ing firm listed below which are
IV. Date of	Report April 24, 2024		July 31, 2024	]
	r: activity from date of registration	n to 3/31/24	activity from 4/1/24 to 6/30	724
	October 30, 2024 activity from 7/1/24 to 9/3		January 29, 2025 activity from 10/1/24 to 12/31/	724
If this box is	nave been no fees received a checked, complete just this form , Room 204, Concord, NH 0330	n and submit it to the		
VI. Check i	f additional reports are attach	ed:		
	ave received fees or made expense	- •		•
	ave paid an honorarium or reim imbursement	bursed expenses, you	ı must file Addendum B– F	Report of Honorariums or
If you, y	your firm, or your family has ma	ade political contribu	tions, you must file Addend	dum C- Political Contribution
I have read I	ement/Affirmation by Lobbyis RSA 15, RSA 15-B, RSA 14-C te to the best of my knowledge a	and RSA 664 and he		
/s/ Jin	n Merrill		10/25/202	4
(Signature			(0)	Date)
Jim M	errill			RECEIVED
(Print Name	e of lobbyist)			OCT 3 0 2024
				NEW HAMPSHIRE
				DEPARTMENT OF STATE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's parthership, firm or corporation, if any:	
Bernstein Shur	
(Name of partnership, firm or corporation) III. Name of Client American Heart Association	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 granded by any expenses:	relations, or public relations service oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 3,750
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) s 18,750
c) Total of all fees received to date (Add lines a and b)	c) § 22,500
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
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 lobbie (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 greater 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 be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 3,750(see attachment)
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	$\frac{0.00}{0.00}$
c) Total of all itemized expenditures reported in detail in section VI.	<sub>c)</sub> <b>s</b> 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	<sub>d) \$</sub> 3,750
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) \$ 18,750
f) Total of all expenses year to date	ns 22,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
	\$
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire	
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.  /s/ Jim Merrill	
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
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.  /s/ Jim Merrill	m that the foregoing information

## \*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)

	I. Name of Lobbyist(s) Kathy Corey-Fox			
	Name of lobbyist's partnership, firm or corporation, if any:			
Bernstein Shur				
	(Name of partnership, firm or corporation)			
	III. Name of Client American Heart Association Date 10/25/2024			
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:				
	Full name of candidate: Friends of Doug Thomas  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 50.00 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."			
1	Full name of candidate: Committee to Elect House Republicans (Last Name) (First Name) (Middle Name/Initial)			
	Amount of contribution \$ 100.00 Office Candidate is Seeking State Representatives			
	Amount of contribution \$ 100.00 Office Candidate is Seeking State Representatives  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 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,			
	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 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."	e for amount of contribution. If the actual cost is not know
	F 19
<u>-</u>	
(If more than three contributions were made, report additional	al 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	hereby swear or affirm that the foregoing information and belief.
/s/ Kathy Corey-Fox	10/25/2024
	(Date)
(Signature of tobbyist)	

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

P	I. Name of Lobbyist(s) Jim	Merrill			
L E	II. Name of lobbyist's partnership, firm or corporation, if any:				
A S	Bernstein Shur				
E	(Name of parts	ership, firm or corporation	n)	<u> </u>	
P <sup>.</sup>	III. Name of Client Americ	can Heart Assoc	ciation	Date 10/25/2024	
R I	Political Contributions				
N	For each political contribut		le pursuant to RSA Chapter (	664 paid on behalf of the	
Τ	client/lobbyist and lobbying	g firm, indicate the	following:		
	<u> </u>				
		ill Ganon			
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$ 10	00.00	Office Candidate is Seeking	State Senate	
	Amount of contribution \$		Office Candidate is Seeking		
	the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual 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 t	he word "estimate."			
		<del></del>			
			<del></del>	<del></del>	
		- l Ot l			
	Full name of candidate: <u>J</u>	onn Stepne	<u>n</u>	······	
	20	(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$ 20	0.00	Office Candidate is Seeking	Executive Council	
	f 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		bove for amount of contribution	. If the actual cost is not known,	
				<del></del>	
			11 60 11		
	Full name of candidate:	David	Rochefort		
		(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$ 10	00.00	Office Candidate is Seeking	State Senate	

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

I. Name of Lobbyist(s) Jim Merrill					
II. Name of lobbyist's par	I. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur				
Bernstein Shur					
(Name of part	(Name of partnership, firm or corporation)				
III. Name of Client Ameri	can Heart Associa	tion	Date 10/25/2024		
Political Contributions For each political contributions client/lobbyist and lobbyin			apter 664 paid on behalf of the		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 10	00.00	ffice Candidate is Seek	State Senate		
	ribution on the line abov		ods or services provided, and enter the bution. If the actual cost is not known,		
Full name of candidate:	im Lang				
Amount of contribution \$ 20	(Last Name)	(First Name) Office Candidate is Se	(Middle Name/Initial) State Senate		
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov	a description of the good	ods or services provided, and enter the oution. If the actual cost is not known,		
Full name of candidate:	Howard	Pearl			
	. (Last Name)				
	. (Last Hame)	(First Name)	(Middle Name/Initial)		

Additional Contribution \$1,000 to b	Cally Assatta for Consumor
Additional Contribution - \$1,000 to h	Kelly Ayotte for Governor
(If more than three contributions were made, report additional add	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.
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	<del></del>

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."