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

### PLEASE PRINT

I. Name of Lobbyist(s) Jim Merrill, Kathy Core	y-Fox, Will Cra	aig, Teresa F	Rosenberger
II. Name of lobbyist's partnership, firm or corporation	ı, if any:		
Bernstein Shur			
(Name of partnership, firm or corporation)			
670 P.O. Box 1120 Mand	hester	NH	03105-1120
Business Address: (Street) (Town/C	• *	(State)	(Zip Code)
603-623-8700 ( )603-6	623-7775 <sub>e-1</sub>	jim.merrill@b mail	pernsteinshur.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attribut			file a separate report for
<u> </u>	•		
All reportable transactions occurring in the months pr	or to the reporting d	late relative to the	following client:
LifeStance Health, Inc.			
(Full Name of Client as it appears on	the Lobbyist Registrat	ion Form)	
OR	ha labberiatia familer	ou the labbrine	Sum listed halovy which one
All reportable transactions by the lobbyist (including the unrelated to any particular client.	ie lobbyist s family)	, or the lobbying	nrm listed below which are
IV. Date of Report April 24, 2024	Tulv	31, 2024	
Reports cover: activity from date of registration to 3/31/24		n 4/1/24 to 6/30/24	
October 30, 2024		29, 2025	
activity from 7/1/24 to 9/3 <del>0/24</del>	activity from 10	0/1/24 to 12/31/24	
V. There have been no fees received and no report of this box is checked, complete just this form and submit to State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expenditures, you	nust file <b>Addendun</b>	A - Fees and Ext	penses
If you have paid an honorarium or reimbursed expens Expense Reimbursement			
If you, your firm, or your family has made political co	ontributions, you mu	ıst file <b>Addendun</b>	C-Political Contributions
:			
•			
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and complete to the best of my knowledge and belief.	and hereby swear or	affirm that the fo	regoing information is true
/s/ Jim Merrill	10/	/25/2024	
(Signature of lobbyist)	10/	(Date	<u> </u>
Jim Merrill		Date	· .,
(Print Name of lobbyist)			RECEIVED
(2 this traine of todayist)			OCT 3 0 2024
			NEW HAMPSHIRE
			DEPARTMENT OF STATI



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jim Merrill, Kathy Corey-Fox, Will Cra	lig, Teresa Rosenberger
II. Name of lobbyist's partnership, firm or corporation, if any:  Bernstein Shur	
(Name of partnership, firm or corporation) III. Name of Client LifeStance Health, Inc.	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 greeduced by any expenses:	t relations, or public relations service oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ <u>3,500</u>
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)	a) \$ 3,500 b) \$ 8,194 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 11,694 d) \$ 13,438
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 13,438
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 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 examp lunch 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 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 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 I may be filed for the lobbyist(s)/firm e aggregate total of all expenses pa xpenses; (b) the aggregate total of alle: meals purchased during a busine ss than \$10 that is given to the persed with a value of \$25.00 or less); an orting period of greater than \$25.00 fue of greater than \$25, purchase of er than \$25, but not greater than \$5, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$ 10,500(see attachment)
support staff, and office expenses, related directly or indirectly to lobbying.  b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$
c) Total of all itemized expenditures reported in detail in section VI.	<sub>c) \$</sub> 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	<sub>d)</sub> \$ 10,500
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 re	
f) Total of all expenses year to date	<sub>f)\$</sub> 25,132
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made a period, including by whom paid or to whom charged.	from lobbying fees during this reporting
Paid to:	Amount:
	\$
·	\$
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
· ·	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief.	affirm that the foregoing information
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	
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# \*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) K	athy Corey-Fox		<del></del>
II. Name of lobbyist's pa	artnership, firm or o	corporation, if any:	
Bernstein Shur		• •	
	artnership, firm or corporation	on)	
III. Name of Client Lifes	tance Health		10/25/2024
Political Contributions For each political contrib client/lobbyist and lobby	oution that is reportabing firm, indicate the	ole pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Friends of D	oug Thomas (First Name)	(ACADA Nama Makala)
	, ,	,	(Middle Name/Initial) State Representative
Amount of contribution \$	<del></del>	Office Candidate is Seeking	
actual cost of the in-kind co	ntribution on the line a	ide a description of the goods	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:  Amount of contribution \$	(Last Name)	o Elect House Re (First Name)  Office Candidate is Seeking	(Middle Name/Initial)
If the contribution is an in-k	ind contribution, provi	de a description of the goods of the of the go	or services provided, and enter the on. If the actual cost is not known,
	· · · · · · · · · · · · · · · · · · ·		
	!		
Full name of candidate:			
	1		
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a des actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	cription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and	
/s/ Kathy Corey-Fox	10/25/2024
(Signature of lobbyist)	(Date)
Kathy Corey-Fox	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) Willi	am Craig		
II. Name of lobbyist's parti	nership, firm or co	orporation, if any:	
Bernstein Shur			
•	rship, firm or corporation	)	<del></del>
III. Name of Client Lifesta	nce Health		Date 10/25/2024
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportabl	e pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate: Ji	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate is Seeking	Executive Counsil
If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	ibution on the line ab	le a description of the goods of cove for amount of contribution	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	0.00	Office Candidate is Seekin	<sub>g</sub> State Senate
If the contribution is an in-kind	contribution, provid	e a description of the goods of ove for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
	,		
Trill name of the P. L.			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seekin	n

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

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I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
Bernstein Shur	• *	•	
· ·	ership, firm or corporation)	<del></del>	
III. Name of Client Lifesta	nce Health		Date 10/25/2024
Political Contributions For each political contribut client/lobbyist and lobbying			er 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 Seeking	, State Senate
Full name of candidate:	ibution on the line abo	ove for amount of contribut	or services provided, and enter the ion. If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	00.00	_ Office Candidate is Seeki	Executive Council
If the contribution is an in-kin-	d contribution, provide	a description of the goods	or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:	David	Rochefort	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	16 1 7 16 1		State Senate

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or corp	ooration, if any:	
Bernstein Shur	•	•	,
	ership, firm or corporation)		· · · · · · · · · · · · · · · · · · ·
III. Name of Client Lifesta	nce Health		Date 10/25/2024
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	O.00	fice Candidate is Seeking	State Senate
If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the	ibution on the line abov	description of the good e for amount of contribu	is or services provided, and enter the ution. If the actual cost is not known,
	!		
Full name of candidate:	im Lang		
Amount of contribution \$ 20	(Last Name)	(First Name) Office Candidate is See	(Middle Name/Initial)  State Senate
If the contribution is an in-kin actual cost of the in-kind contr enter an estimated value and the	ibution on the line abov	description of the good e for amount of contribu	Is or services provided, and enter the ation. If the actual cost is not known,
Full name of candidate:	Howard	Pearl	
4.0	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	0.00	Office Candidate is See	king State Senate

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."

Additional Contribution - \$1,000 to Kelly Ayotte for Governor

(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.

/s/ Jim Merrill

(Signature of lobbyist)

10/25/2024
(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