

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) APR 2 6 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jim Merril	I, Kathy Corey-Fox,	Teresa Ro	senberger
II. Name of lobbyist's partnership, firm	or corporation, if any:		
Bernstein Shur			
(Name of partnership, firm	or corporation)		
	Manchester Manchester	NH	03105-1120
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 623-8700	) (603) 623-7775 <sub>6</sub>	-mail jim.merrill@l	pernsteinshur.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one	– file separate reports for each c	lient, OR you may	file a separate report
reportable expense transactions which :			•
All reportable transactions occurring i	n the months prior to the reporting	data ralativa ta tha	following aliant.
		uate relative to me	following chent:
Fallon Community He	<u>-</u>	<del>-</del>	
OR	t as it appears on the Lobbyist Registra	tion Form)	
All reportable transactions by the lobby	vist (including the lobbyist's family	t) or the lobbying	firm listed helow which
unrelated to any particular client.	, is (thousand mo lood) is a thing	,, or the loopying	inin nated octow which
IV. Date of Report April 26, 2023  Reports cover: activity from date of regist.  October 25, 2023  activity from 7/1/23 to 9.	ration to 3/31/23 activity fr	y 26, 2023 om 4/1/23 to 6/30/23 y 31, 2024 10/1/23 to 12/31/23	
V. There have been no fees received If this box is checked, complete just this fo State House, Room 204, Concord, NH 033	rm and submit it to the Secretary o		
VI. Check if additional reports are attac	ched:		
If you have received fees or made exp	· •	-	
If you have paid an honorarium or rei	mbursed expenses, you must file A	ddendum <b>B</b> – Repo	ort of Honorariums or
Expense Reimbursement	nada nalitigal gantributions, say m	not filo Addondum	- C. Balitical Cantainut
If you, your firm, or your family has r	uade pontical contributions, you m	usi ilie Addendun	ı C– ronucai Contribui
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-0 and complete to the best of my knowledge	and RSA 664 and hereby swear o	r affirm that the fo	regoing information is t
/ //	<del></del> 4/2	24/2023	
(Signature of lojsbyist)	<del></del>	(Date	)
Jim Merrill		,	•
(Print Name of lobbyist)			



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name of partnership, firm or corporation)	<del></del>
III. Name of Client Fallon Community Health Plan, I	nc. <sub>Date</sub> 4/24/2023
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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:  a) Total of all fees received in this reporting period	t relations, or public relations service oss fee amount reported shall not b  a) \$ 1,000.00
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) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ _1,000.00
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	c) \$ 1,000.00 d) \$ 8,150.00
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 eximply individual expenses where the expenditure was of \$25.00 or less (for examply 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 lobbic (c) an itemized statement of each individual expenditure made during this repany 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 great 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 e aggregate total of all expenses pair xpenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a business as 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 \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$1,000.00 (see attached)
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы \$0.00
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)	d) \$ 1,000.00
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) \$
f) Total of all expenses year to date	ŋs <u>1,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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
	4/24/2023
(Signature of lovoyist)  (Jim Merrill	(Date)
(Print Name of lobbyist)	
(1 1mt 1 1mm of 1000) 131)	

#### \*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) Jim	Merrill and Kathy	Corey-Fox	
II. Name of lobbyist's part	nership, firm or corp	oration, if any:	
Bernstein Shur	-	, •	
	ership, firm or corporation)		
III. Name of Client Fallon	Community Health	Plan, Inc.	_ <sub>Date</sub> 4/24/2023
Political Contributions			
For each political contribut			664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the foll	owing:	
Full name of candidate: S	tevens	Janet	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 15	50.00 <sub>of</sub>	fice Candidate is Seeking	Executive Councilor
	ribution on the line above		r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	enney	Joseph	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 15	0.00	Office Candidate is Seekin	Executive Councilor
	d contribution, provide a	description of the goods o	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	Gannon	William	
I on name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Condidate in Section	State Senator

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

I. Name of Lobbyist(s)	im Merrill and Kath	y Corey-Fox	
II. Name of lobbyist's p	artnership, firm or c	orporation, if any:	
Bernstein Shur	• /	•	
	partnership, firm or corporation	-	
III. Name of Client Fall	on Community Hea	alth Plan, Inc.	<sub>Date</sub> 4/24/2023
Political Contributions	•		
For each political contri	bution that is reportabl		pter 664 paid on behalf of the
client/lobbyist and lobby	ying firm, indicate the	following:	
	<del></del>	<del>,</del>	
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	125.00	Office Candidate is Seeki	<sub>ing</sub> Senator
	ontribution on the line al		ods or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate:	Abbas	Daryl	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	150.00	Office Candidate is Sec	eking Senator
If the contribution is an in-	kind contribution, provide ontribution on the line at	de a description of the goo	ds or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate:			
	Rosenw	ald Cindy	
run name of candidate:	Rosenw (Last Name)	ald Cindy (First Name)	(Middle Name/Initial)

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

I. Name of Lobbyist(s) Jim	Merill and Kathy C	orey-Fox	
II. Name of lobbyist's part	nership, firm or corp	oration, if any:	
Bernstein Shur	•	, ,	
	ership, firm or corporation)		<del> </del>
III. Name of Client Fallon	Community Health	Plan, Inc.	Date 4/24/2023
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobbying	tirm, indicate the fol	lowing:	
	<del></del>		
Full name of candidate:	iray Ja	ames	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 12	25.00 <sub>of</sub>	fice Candidate is Seekin	<sub>ig</sub> Senator
			s or services provided, and enter the
actual cost of the in-kind contr	ribution on the line above	e for amount of contribu	ition. If the actual cost is not known,
enter an estimated value and the	ne word "estimate."		
<del></del>			
D	irdooll	Dogina	
Full name of candidate: B	(Test Vere)	Regina	(Middle Name/Initial)
	(Last Name)	(First Name)	
Amount of contribution \$ 15		Office Candidate is Seel	king Oction
			s or services provided, and enter the
enter an estimated value and the		e for amount of contribu	tion. If the actual cost is not known,
<del></del>			
Full name of candidate:	Ricciardi	Denise	
4 =	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	0.00	Office Candidate is Seel	king Senator

If the contribution is an in-kind contribution, provide a descripactual cost of the in-kind contribution on the line above for an	ption of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	is the detail cost is not known,
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	
	4/24/2023
(Signature of labeled)	
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of Johnvist)	ı