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

PLEASE PRINT

I. Name of Lobbyist(s) Jim IV	ierrill, Ka	athy Casey	y-Hox, Will	Craig
II. Name of lobbyist's partnership	, firm or corpo	oration, if any:		
Bernstein Shur	;			
(Name of partnershi	- , ·	•		
670 P.O. Box	x 1120 N	/lanchester	NH	03105-1120
Business Address: (Street)	•	own/City)	(State)	(Zip Code)
603-623-8700	, ,60)3-623-777	75 _{e-mail} jim.merri	ll@bernsteinshur.com
(Telephone)	_	(Fax)		 ,
III. This statement covers: (Choose reportable expense transactions w				may file a separate report for
All reportable transactions occu	rring in the mor	ths prior to the repo	rting date relative to	the following client:
Camp Wicosuta	•			
•	of Client as it appe	ears on the Lobbyist Ro	egistration Form)	
<u>OR</u>	,	·		
All reportable transactions by the unrelated to any particular client.	e lobbyist (inclu	ding the lobbyist's f	amily), or the lobby	ing firm listed below which are
IV. Date of Report April 24 Reports cover: activity from date of r.		1/24 activ	July 31, 2024 ity from 4/1/24 to 6/30]
October 30		-,	anuary 29, 2025	
activity from 7/1/.			from 10/1/24 to 12/31/	/24
V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N	this form and s	<u> </u>		
VI. Check if additional reports ar	·			
If you have received fees or ma	•	- •		•
If you have paid an honorarium Expense Reimbursement	•	•		•
If you, your firm, or your family	y has made poli !	tical contributions, y	ou must file Adden	dum C-Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my known	A 14-Ç and RS		vear or affirm that th	e foregoing information is true
/s/ Jim Merrill			10/25/202	4
(Signature of lobbyist)		_	<u> </u>	Date)
Jim Merrill	Ł			·
(Print Name of lobbyist)		_		RECEIVED
(OCT 3 0 2024
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))			NEW HAMPSHIRE DEPARTMENT OF STATE



c) Total of all itemized expenditures reported in detail in section VI.

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any	:
Bernstein Shur	
(Name of partnership, firm or corporation)	10/25/2024
III. Name of Client Camp Wicosuta	_{Date} 10/25/2024
IX Face Described	
IV. Fees Received Indicate the gross amount of all fees received from the client identified to lobbying, including fees for services such as public advocacy, gove including research, monitoring legislation, and related legal work. reduced by any expenses:	ernment relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 2,000.01
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b) Total of all fees received this calendar year, prior to this reporting p (This should equal the total of all prior monthly reports for this cale	
c) Total of all fees received to date	_{c)\$} 2,000.01
(Add lines a and b)	
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 fees. Separate reports are to be filed for expenditures made relative to the lobbyist(s)/firm that are unrelated to any one client a separate reports are to be reported in one of three categories of expenses: during the reporting period for salaries, benefits, support staff, and o individual expenses where the expenditure was of \$25.00 or less (for lunch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person being (c) an itemized statement of each individual expenditure made during that any purpose not covered by (a) (for example: purchase of a meal w	o each client and if expenditures are made report may be filed for the lobbyist(s)/fir (a) the aggregate total of all expenses proffice expenses; (b) the aggregate total of example: meals purchased during a busing the of less than \$10 that is given to the person globbied with a value of \$25.00 or less); a his reporting period of greater than \$25.00 with value of greater than \$25, purchase of the greater than \$25, but not greater than \$25.00 with value of greater than \$25, but not greater than \$25.00 with value of greater than \$25, but not greater than \$25.00 with value of greater than \$25, but not greater than \$25.00 with value of greater than \$25.00 with value with val
ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for honor contributions will be reported on separate addendums and should not be	

 $_{c)}$ $\underline{0.00}$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
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) \$ <u>0.00</u>
f) Total of all expenses year to date	_{f)} \$ 2,000.01
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
i	\$
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
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.	n that the foregoing information
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or coi	rporation, if any:	
Bernstein Shur	• •	•	
(Name of partn	ership, firm or corporation)		
III. Name of Client Camp	Wicosuta		Date 10/25/2024
Political Contributions	ion that is reportable		ter 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 Seekin	State Senate
If the contribution is an in-kin actual cost of the in-kind contribution and the enter an estimated value and the enter an estimated	ribution on the line abo	a description of the good ve for amount of contribu	is or services provided, and enter the ation. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	00.00	Office Candidate is Seel	king Executive Council
If the contribution is an in-kine	d contribution, provide ibution on the line abo	a description of the good	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	David	Rochefort	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seel	State Senate

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or corp	ooration, if any:	
Bernstein Shur	ŧ		
	ership, firm or corporation)		
III. Name of Client Camp	Wicosuta		_{Date} 10/25/2024
Political Contributions	ion that is reportable p		ter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10)U.UU oı	fice Candidate is Seekir	State Senate
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ibution on the line abov	description of the good e for amount of contribu	ls or services provided, and enter the ation. If the actual cost is not known,
Full name of candidate: T	im Lang	(F. AN	
Amount of contribution \$ 20	(Last Name)	(First Name) Office Candidate is Seel	(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	s or services provided, and enter the actual cost is not known,
	!		
Full name of candidate:	Howard	Pearl	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate is Seal	State Senate

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	ion of the goods or services provided, and enter the ount of contribution. If the actual cost is not known,
Additional Contribution - \$1,000 to Kelly Aye	otte for Governor
•	
(If more than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	swear or affirm that the foregoing information ef.
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)

Jim Merrill

(Print Name of lobbyist)



I. Name of Lobbyist(s) K	athy Corey-Fox		
II. Name of lobbyist's pa	artnership, firm or c	corporation, if any:	
Bernstein Shur	;	, . ,	
	artnership, firm or corporation	n)	- ·
III. Name of Client Cam	ıp Wicosuta		Date 10/25/2024
Political Contributions	oution that is reportab	le pursuant to RSA Chapt following:	er 664 paid on behalf of the
Full name of candidate:	(Last Name)	oug Thomas (First Name)	(Middle Name/Initial)
Amount of contribution \$	50.00	Office Candidate is Seekin	g State Representative
actual cost of the in-kind co	entribution on the line a d the word "estimate."	bove for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	` ,	Office Candidate is Seek	Otata Damasantations
If the contribution is an in-k	ind contribution, provient intribution on the line al	de a description of the goods bove for amount of contribut	s or services provided, and enter the tion. If the actual cost is not known,
			л
Full name of candidate:			
			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a dec	scription of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above fo	r 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 co	entributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he	reby swear or affirm that the foregoing information
is true and complete to the best of my knowledge and	belief.
•	
/s/ Kathy Corey-Fox	10/25/2024
(Signature of lobbyist)	(Date)
, ,	(Date)
Kathy Corey-Fox	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) Willia	m Craig		
II. Name of lobbyist's partne	ership, firm or c	orporation, if any:	
Bernstein Shur	· ·	•	
	ship, firm or corporatio	n)	
III. Name of Client Camp V	Vicosuta		_{Date} 10/25/2024
Political Contributions For each political contribution client/lobbyist and lobbying to	n that'is reportab	le pursuant to RSA Chapt following:	er 664 paid on behalf of the
Full name of candidate: Jir	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	0.00	Office Candidate is Seeking	Executive Counsil
actual cost of the in-kind contribenter an estimated value and the	oution on the line a word "estimate."	de a description of the goods bove for amount of contribut	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate: Pa	t Long		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 200	7.00	Office Candidate is Seek	ing State Senate
If the contribution is an in-kind cactual cost of the in-kind contribenter an estimated value and the	ution on the line al	de a description of the goods bove for amount of contribut	s or services provided, and enter the tion. If the actual cost is not known,
	1		
	i i		
Full name of candidate:	4		
	(Last Name)	(First Name)	OCTO NEW YORK
	(Diportunity)	(First Name)	(Middle Name/Initial)

(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
1	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	d hereby swear or affirm that the foregoing information and belief.
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge /s/ William Craig	d hereby swear or affirm that the foregoing information and belief. 10/25/2024
is true and complete to the best of my knowledge	

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