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

### PLEASE PRINT

I. Name of Lobbyist(s) Jim Merrill, Ka	thy Corey-Fox, Tere	sa Rosenberger	, Will Craig
II. Name of lobbyist's partnership, firm or	corporation, if any:		
Bernstein Shur			
(Name of partnership, firm or	corporation)		
670 P.O. Box 112	0 Manchester	NH	03105-1120
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) $\frac{603-623-8700}{\text{(Telephone)}}$ (	) 603-623-7775	e-mail jim.merrill@be	ernsteinshur.com
III. This statement covers: (Choose one - f reportable expense transactions which are			file a separate report for
All reportable transactions occurring in the	ne months prior to the reporting	ng date relative to the f	ollowing client:
New Hampshire Alliand			
	it appears on the Lobbyist Regis		<del></del>
OR	.,	,	
All reportable transactions by the lobbyist unrelated to any particular client.	(including the lobbyist's fam	ily), or the lobbying fi	rm listed below which are
IV. Date of Report April 24, 2024	٦.	July 31, 2024	
Reports cover: activity from date of registration		from 4/1/24 to 6/30/24	
October 30, 2024 activity from 7/1/24 to 9/30/		nary 29, 2025 m 10/1/24 to 12/31/24	
V. There have been no fees received an If this box is checked, complete just this form State House, Room 204, Concord, NH 03301	and submit it to the Secretary		
VI. Check if additional reports are attache	ed:		
If you have received fees or made expend		lum A- Fees and Expe	enses
If you have paid an honorarium or reimb Expense Reimbursement			
If you, your firm, or your family has made	de political contributions, you	must file Addendum	C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge an	nd RSA 664 and hereby swea	r or affirm that the fore	egoing information is true
/s/ Jim Merrill	1	0/25/2024	
(Signature of lobbyist)		(Date)	
Jim Merrill		F	
(Print Name of lobbyist)			RECEIVED
			OCT 3 0 2024
		DE	NEW HAMPSHIRE PARTMENT OF STATE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jim Merrill, Kathy Corey-Fox, Teresa	Rosenberger, Will Craig
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bernstein Shur	
(Name of partnership, firm or corporation)	40/05/0004
III. Name of Client New Hampshire Alliance for Public Charter School	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 services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 0.00
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 year)	a) \$ 0.00 b) \$ 0.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) s 0.00 d) s 1,500
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 1,500
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 of the lobbyist(s)/firm that are unrelated to any one client a separate report of the 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 example 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 lobbied (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 greate 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 paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter 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) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00 c) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1,500
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 report)	e) \$ 0.00
f) Total of all expenses year to date	ns 1,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, 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
/s/ Jim Merrill	10/25/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	

# \*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)	Kathy Corey-Fox				
II. Name of lobbyist's p	II. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur				
Bernstein Shur					
(Name of	partnership, firm or corporatio	n)			
III. Name of Client Nev	II. Name of Client New Hampshire Alliance for Public Charter Schate 10/25/2024				
Political Contribution	•				
	or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the				
client/lobbyist and lobb	ying firm, indicate the	following:	•		
	<del></del>	···			
	Erianda of D	oug Thomas			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
			State Representative		
Amount of contribution \$		Office Candidate is Seeking	Clate Representative		
If the contribution is an in- actual cost of the in-kind of	the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ual 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 a		oove to amount of contitoun	in the delad cost is not known,		
			<del> </del>		
		<del></del>	·		
	<u>;</u>				
Full name of candidate:	Committee to	Elect House Re	epublicans		
I dil fiame of candidate.	(Last Name)	Elect House Re	(Middle Name/Initial)		
Amount of contribution \$	100.00	Office Candidate is Seeking	State Representatives		
actual cost of the in-kind c	ontribution on the line al	de a description of the goods of bove for amount of contribution	or services provided, and enter the on. If the actual cost is not known,		
enter an estimated value ar	nd the word "estimate."		•		
ns nsc	<del></del>				
Full name of candidate:					
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is Seekin	ø		

If the contribution is an in-kind contribution, provide a section cost of the in-kind contribution on the line should	description of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known
enter an estimated value and the word "estimate."	ior amount of contribution. If the actual cost is not known
(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 I	hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge a	and belief.
/s/ Kathy Corey-Fox	10/25/2024
(Signature of lobbyist)	(Date)
	(Bate)
Kathy Corey-Fox	
(Print Name of lobbyist)	

P	I. Name of Lobbyist(s) Jim Merrill				
L E	II. Name of lobbyist's partnership, firm or corporation, if any:  Bernstein Shur  (Name of partnership, firm or corporation)				
A S					
Ē					
P	III. Name of Client NH Alliance for Public Charter Schools  Date 10/25/2024  Political Contributions				
₹					
٧	For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the				
Γ	client/lobbyist and lobbyir	ng firm, indicate the f	ollowing:		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		Oill Conon			
	Full name of candidate:	Sili Ganon	(P' (N		
	1	(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution $\frac{1}{2}$	00.00	Office Candidate is Seekii	State Senate	
	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 con enter an estimated value and	tribution on the line ab- the word "estimate"	ove for amount of contribu	ution. If the actual cost is not known,	
	The miles of the miles	me word estimate.			
	<del></del>		<u> </u>	<u>_</u>	
	Full name of candidate:	ohn Stepher	1		
		(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$ 20	00.00	_ Office Candidate is See	king Executive Council	
			a description of the good	Is or services provided, and enter the	
	actual cost of the in-kind cont	tribution on the line abo	ove for amount of contribu	ution. If the actual cost is not known,	
	enter an estimated value and t	the word "estimate."			
,					
	Full name of candidate:	David	Rochefort		
		(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$ 10	20.00	,	State Senate	

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 partnership, firm or corporation)			
P	III. Name of Client NH Alliance for Public Charter Schools Date 10/25/2024			
R I N T	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: Dan Innis  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate			
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."				
	Full name of candidate: Tim Lang  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 200.00 Office Candidate is Seeking State Senate  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."			
	Full name of candidate: Howard Pearl (Last Name) (First Name) (Middle Name/Initial)			
	100 00 State Senate			
	Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate			

Additional Contribution - \$1,000 to h	Celly 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 are 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."

I. Name of Lobbyist(s) V	Villiam Craig			
II. Name of lobbyist's p	II. Name of lobbyist's partnership, firm or corporation, if any:			
Bernstein Shur	-			
	partnership, firm or corporation			
III. Name of Client NH	III. Name of Client NH Alliance for Public Charter Schools 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:	Jim O'Conne	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	100.00	Office Candidate is Seekir	Executive Counsil	
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	ontribution on the line al	de a description of the good	ls or services provided, and enter the actual cost is not known,	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
If the contribution is an in-	kind contribution, provident	Office Candidate is Seel de a description of the good pove for amount of contribu	s or services provided, and enter the stion. If the actual cost is not known,	
Full name of candidate:				
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$		Office Candidate is Seel	ina	

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

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