STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

| I. Name of Lobbyist(s) Jim Merrill, Kathy Corey-Fo | X | |
|---|---------------------------------------|----------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any: | | |
| Bernstein Shur | | |
| (Name of partnership, firm or corporation) | · · · · · · · · · · · · · · · · · · · | |
| P.O. Box 1120 Manchester | NH | 03105-1120 |
| Business Address: (Street) (Town/City) | (State) | (Zip Code) |
| $() \frac{603-623-8700}{(7-1)-100} () \frac{603-623-7775}{(7-1)-100} e^{-n}$ | jim.merrill@b nail | ernsteinshur.com |
| (Telephone) (Fax) | - | |
| III. This statement covers: (Choose one - file separate reports for each clie | ent, OR you may | file a separate report for |
| reportable expense transactions which are not attributable to any one clies | nt). | |
| All reportable transactions occurring in the months prior to the reporting da | ate relative to the | following client: |
| Waterford Research | | - |
| (Full Name of Client as it appears on the Lobbyist Registration | on Form) | |
| OR | | |
| All reportable transactions by the lobbyist (including the lobbyist's family), unrelated to any particular client. | or the lobbying fi | irm listed below which are |
| can be a second of the second | | |
| IV. Date of Report April 24, 2024 July 3 | 31, 2024 | |
| | 4/1/24 to 6/30/24 | |
| October 30, 2024 January 2 activity from 7/1/24 to 9/30/24 activity from 10/ | | |
| V. There have been no fees received and no reportable transactions If this box is checked, complete just this form and submit it to the Secretary of State House, Room 204, Concord, NH 03301. | made since the State's Office, 107 | last report. North Main Street, |
| VI. Check if additional reports are attached: | | |
| If you have received fees or made expenditures, you must file Addendum | A- Fees and Expe | enses |
| If you have paid an honorarium or reimbursed expenses, you must file Add Expense Reimbursement | lendum B- Repo | rt of Honorariums or |
| If you, your firm, or your family has made political contributions, you mus | t file Addendum | C- Political Contributions |
| | | |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or a and complete to the best of my knowledge and belief. | affirm that the fore | egoing information is true |
| /s/ Jim Merrill 10/2 | 25/2024 | |
| (Signature of lobbyist) | (Date) | |
| Jim Merrill | | DECEIVED |
| (Print Name of lobbyist) | | RECEIVED |
| | | OCT 3 0 2024 |
| | | NEW HAMPSHIRE |
| | | DEPARTMENT OF STATE |

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) III. Name of Client Waterford Research | 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 greduced by any expenses: | nt relations, or public relations services fee amount reported shall not |
| a) Total of all fees received in this reporting period | a) \$ 7,000 b) \$ 17,500 |
| 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 | b) \$ 17,500 year) |
| c) Total of all fees received to date (Add lines a and b) | _{c)} \$ 24,500 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | c) \$ 24,500 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 of individual 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 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 great restaurant expenses for a legislative reception). Expenses for honorarium: contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made may be filed for the lobbyist(s)/fin he aggregate total of all expenses parexpenses; (b) the aggregate total of a lole: meals purchased during a busine less than \$10 that is given to the person ied with a value of \$25.00 or less); and orting period of greater than \$25.00 filue of greater than \$25, purchase of ter than \$25, but not greater than \$55, 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) \$ 7,000(see attachment) |
|) Total aggregate of expenditures during this reporting period , not reported n a), of \$25 or less. | b) \$ 0.00 c) \$ 0.00 |
| e) Total of all itemized expenditures reported in detail in section VI. | _{c) \$} 0.00 |

| d) Total expenses for this reporting period | d) \$ 7,000 |
|--|------------------------------------|
| (Add lines a, b and c) 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) \$} 17,500 |
| f) Total of all expenses year to date | _{f) \$} 24,500 |
| 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: |
| | \$ |
| | \$ |
| | S |
| | \$ |
| | \$ |
| | \$ |
| ······································ | ** |
| 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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*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.

STATE OF NEW HAMPSHIRE

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

| I. Name of Lobbyist(s) | im Merrill | | |
|---|---|--|---|
| II. Name of lobbyist's pa | artnership, firm or co | rporation, if any: | |
| Bernstein Shur | | | |
| | artnership, firm or corporation) | | - |
| III. Name of Client Wat | erford Research Ins | stitute LLC | Date 10/25/2024 |
| Political Contributions For each political contributions client/lobbyist and lobby | | | pter 664 paid on behalf of the |
| Full name of candidate: Amount of contribution \$ | (Last Name) | (First Name) | (Middle Name/Initial) ing State Senate |
| If the contribution is an in-l | kind contribution, provide ontribution on the line abo | e a description of the goo | ds or services provided, and enter the oution. If the actual cost is not known, |
| Full name of candidate: | John Stepher | 1 | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | | Office Candidate is Sec | Executive Council |
| If the contribution is an in-kactual cost of the in-kind co enter an estimated value and | ntribution on the line abo | e a description of the goo | ds or services provided, and enter the ution. If the actual cost is not known, |
| | | | |
| | | | |
| Full name of candidate: | David | Rochefort | |
| | David (Last Name) | Rocheford (First Name) Office Candidate is See | (Middle Name/Initial) |

STATE OF NEW HAMPSHIRE

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

| I. Name of Lo | obbyist(s) Jim | Merrill | | |
|---|----------------------------|---|---|--|
| II. Name of l | obbyist's par | tnership, firm or co | rporation, if any: | |
| Bernstein | • | ., | , , | |
| | (Name of part | nership, firm or corporation) | | |
| III. Name of | Client Water | ford Research Ins | stitute LLC | Date 10/25/2024 |
| Political Con For each policitent/lobbyi | itical contribu | tion that is reportable g firm, indicate the fo | pursuant to RSA Chap bllowing: | oter 664 paid on behalf of the |
| Full name of | canadate | Dan Innis (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of co | ntribution $\$ \frac{1}{}$ | 00.00 | Office Candidate is Seeki | State Senate |
| actual cost of | the in-kind con | nd contribution, provide tribution on the line abo the word "estimate." | a description of the good | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of | candidate: T | im Lang | | |
| | | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of cos | itribution $\frac{20}{2}$ | 00.00 | Office Candidate is See | king State Senate |
| actual cost of t | he in-kind cont | ed contribution, provide ribution on the line abo he word "estimate." | a description of the good ve for amount of contrib | ds or services provided, and enter the ution. If the actual cost is not known, |
| | | | | |
| 51 | | | | |
| Full name of | candidate: _ | Howard | Pearl | |
| | 47 | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of cor | tribution \$ | <u> </u> | Office Candidate is See | king State Senate |

| Additional Contribution - \$1,000 to Kelly A | yotte for Governor |
|---|--|
| | |
| (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 herebis true and complete to the best of my knowledge and be | |
| /s/ Jim Merrill | 10/25/2024 |
| (Signature of lobbyist) | (Date) |
| Jim Merrill | |

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."

(Print Name of lobbyist)