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

PLEASE PRINT

I. Name of Lobbyist(s) Jim Merrill, Kathy	Corey-Fox, Will	Craig
II. Name of lobbyist's partnership, firm or corporation	if any:	76.
Bernstein Shur	, , .	
(Name of partnership, firm or corporation)	-	
670 P.O. Box 1120 Manc	nester NH	03105-1120
Business Address: (Street) (Town/Cit		(Zip Code)
603-623-8700 ()603-6	23-7775 e-mail jim.merri	ll@bernsteinshur.com
(Telephone)	(Fax)	· · · · · · · · · · · · · · · · · · ·
III. This statement covers: (Choose one – file separate r reportable expense transactions which are not attributa	ble to any one client).	
All reportable transactions occurring in the months price	r to the reporting date relative to	the following client:
Uber Technologies, Inc.		
(Full Name of Client as it appears on the OR	e Lobbyist Registration Form)	
All reportable transactions by the lobbyist (including the unrelated to any particular client.	: lobbyist's family), or the lobbyi	ing firm listed below which are
IV. Date of Report April 24, 2024	July 31, 2024]
Reports cover: activity from date of registration to 3/31/24	activity from 4/1/24 to 6/30/	724
October 30, 2024 activity from 7/1/24 to 9/30/24	January 29, 2025 activity from 10/1/24 to 12/31/.	24
V. There have been no fees received and no reports If this box is checked, complete just this form and submit it State House, Room 204, Concord, NH 03301.	ible transactions made since to the Secretary of State's Office,	the last report. 107 North Main Street,
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you me	ist file Addendum A- Fees and	Expenses
If you have paid an honorarium or reimbursed expenses Expense Reimbursement	, you must file Addendum B-R	Report of Honorariums or
If you, your firm, or your family has made political con	tributions, you must file Addend	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 ar and complete to the best of my knowledge and belief.	d hereby swear or affirm that the	e foregoing information is true
/s/ Jim Merrill	10/25/2024	4
(Signature of lobbyist)	(D	ate)
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)

(Name of partnership, firm or corporation) III. Name of Client Uber Technologies, Inc.	Date 10/25/2024
IV. Fees Received indicate the gross amount of all fees received from the client identified all to lobbying, including fees for services such as public advocacy, governincluding research, monitoring legislation, and related legal work. The reduced by any expenses:	nent relations, or public relations ser
a) Total of all fees received in this reporting period	$_{a)}$ s $3,507.50$
o) Total of all fees received this calendar year, prior to this reporting peri (This should equal the total of all prior monthly reports for this calend	a) \$ 3,507.50 od b) \$ 10,631 ar year)
c) Total of all fees received to date (Add lines a and b)	_{c)\$} 14,138.50
i) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses:	

lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, 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.
- c) Total of all itemized expenditures reported in detail in section VI.

a) \$	2	5	Λ	7		5	A
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d) Total expenses for this reporting period (Add lines a, b and c)	_{d)\$} 3,507.50
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) s 10,631 n s 14,138.50
f) Total of all expenses year to date 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.	,,
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.	n 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.

1. Name of Lobbyist(s) _	(athy Corey-Fox		
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
Bernstein Shur	•		
(Name of	partnership, firm or corporation)	
III. Name of Client Ube	er Technologies, Inc	D	Date 10/25/2024
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable		er 664 paid on behalf of the
Full name of candidate: Amount of contribution \$		Oug Thomas (First Name) Office Candidate is Seeking	(Middle Name/Initial) State Representative
If the contribution is an in-	kind contribution, provid ontribution on the line ab	e a description of the goods	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	Committee to	Elect House R	epublicans
Amount of contribution \$	(Last Name) 100.00	(First Name) Office Candidate is Seeki	(Middle Name/Initial) State Representatives
If the contribution is an in-	kind contribution, providentibution on the line about	e a description of the goods	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

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(15 man Abrahaman)	
(If more than three contributions were made, report additions	online tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	hereby swear or affirm that the foregoing information and belief.
/s/ Kathy Corey-Fox	10/25/2024
	(Date)
(Signature of lobbyist)	(Dute)

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I. Name of Lobbyist(s) Willia	ım Craig		<u></u>
II. Name of lobbyist's partn	ership, firm or co	rporation, if any:	
Bernstein Shur			
(Name of partner	ship, firm or corporation)		110
III. Name of Client Uber Te	echnologies, Inc		10/25/2024
Political Contributions For each political contribution client/lobbyist and lobbying			r 664 paid on behalf of the
Full name of candidate: Jir Amount of contribution \$ 100	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) Executive Counsil
If the contribution is an in-kind	contribution, provide oution on the line abo	e a description of the goods	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate: Pa	(Last Name)	(First Name) Office Candidate is Seekir	(Middle Name/Initial) State Senate
If the contribution is an in-kind	contribution, provide oution on the line abo	a description of the goods of	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)

(If more than three contributions were made, report addition	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	,
oworn otalement in matter by 2000y ist	
	d hereby swear or affirm that the foregoing informatio
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	
is true and complete to the best of my knowledge	and belief.

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	mership, firm or co	orporation, if any:	
Bernstein Shur	•	•	
(Name of partr	nership, firm or corporation))	-
III. Name of Client Uber	rechnologies, Inc	D	_{Date} 10/25/2024
Political Contributions			
For each political contribut	ion that is reportable	e pursuant to RSA Chapter (664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the f	following:	
	- 		
Full name of candidate:	ill Ganon		
run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seeking	State Senate
actual cost of the in-kind cont	d contribution, provid- ribution on the line ab	e a description of the goods or ove for amount of contribution	services provided, and enter the . If the actual cost is not known,
enter an estimated value and t	ne word "estimate."	over the amount of contribution	. If the actual cost is not known,
	·		
	······································		
Full name of candidate:	ohn Stepher	1	
i dit fiame of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	00.00	Office Candidate is Seeking	Expanding Commit
		-	
If the contribution is an in-kind actual cost of the in-kind contri	1 contribution, provide	e a description of the goods or	services provided, and enter the. If the actual cost is not known,
enter an estimated value and the	ne word "estimate."	ove for amount of contribution.	. If the actual cost is not known,
			
			
			· · · · · · · · · · · · · · · · · · ·
Full name of candidate:	David	Rochefort	
4.5	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate is Seeking	State Senate

I. Name of Lobbyist(s) Jim	Merrill		
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Bernstein Shur		•	
	ership, firm or corporation)		
III. Name of Client Uber 7	rechnologies, Inc.		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) g State Senate
If the contribution is an in-kin actual cost of the in-kind contr enter an estimated value and the	d contribution, provide a	a description of the good	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate: T	im Lang	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20		Office Candidate is Seel	Ctata Canada
If the contribution is an in-kine	d contribution, provide a ibution on the line abov	description of the good e for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	Howard	Pearl	<u></u>
Amount of contribution \$ 10	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution &	U.UU	Office Condidate is Seek	State Senate

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)

Jim Merrill

(Date)

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)