

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PECTIVED JUL 3 1 2024 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

NH (State) mail jim.merrill@l	03105-1120 (Zip Code)
(State)	(Zip Code)
(State)	(Zip Code)
(State)	(Zip Code)
, ,	
mail	
	pemsteinshur.com
ent).	file a separate report for
iale relative to the	following chem:
	<u> </u>
tion Form)	
), or the lobbying	firm listed below which are
31, 2024 10 6/30/24	
s made since th State's Office, 10	e last report. 7 North Main Street,
n A Fees and Ext	penses
	ort of Honorariums or
ıst file Addendun	n C– Political Contribution
	regoing information is true
	31, 2024 2024 20, 29, 2025 20, 2025 20, 2025 20, 2025 20, 2024 as made since the State's Office, 10 an A-Fees and Explication B-Reports file Addendum ar affirm that the for 29/2024

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jim Merrill, Kathy Corey-Fo	ox, Will Craig
II. Name of lobbyist's partnership, firm or corporation, if any: Bernstein Shur	
(Name of partnership, firm or corporation) III. Name of Client Camp Kenwood & Evergreer	7/29/2024
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:	relations, or public relations service oss fee amount reported shall not b
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
c) Total of all fees received to date (Add lines a and b)	c) \$ 0.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	c) \$ 0.00 d) \$ 3,000
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 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 lessing 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 greater 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 le: meals purchased during a busines 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 the tran \$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.	o) \$\frac{0.00}{0.00}
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) \$} 2,000
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	_{1)\$} 3,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I 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.	n that the foregoing information
	7/29/2024
(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.

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) K	athy Corey-Fox		
II. Name of lobbyist's p	artnership, firm or c	orporation, if any:	
Bernstein Shur	1,	,	
(Name of p	artnership, firm or corporation	1)	 -
III. Name of Client Can	np Kenwood & Eve	ergreen	_{Date} 07/29/2024
Political Contributions For each political contril client/lobbyist and lobby	oution that is reportabl		oter 664 paid on behalf of the
Full name of candidate:	Sharon Cars (Last Name)	ON (First Name)	(Middle Name/Initial)
Amount of contribution \$,		_{ng} State Senate
Amount of contribution \$		Office Candidate is Seekii	ng
Full name of candidate:			
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	150.00	Office Candidate is See	01-1- 01-
	ontribution on the line at		ds or services provided, and enter the ution. If the actual cost is not known,
		<u> </u>	
Full name of candidate:	Denise Ri		
	Denise Ri (Last Name) 150.00	cardi (First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide actual cost of the in-kind contribution on the line above	a description of the goods or services provided, and enter the refer to foot 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 addition	nal contributions 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	d hereby swear or affirm that the foregoing information and belief.
/s/ Kathy Corey-Fox	07/29/2024
(Signature of lobbyist)	(Date)
Kathy Corey-Fox	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Jim	Merrili		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Bernstein Shur	• *		
	ership, firm or corporation)	
III. Name of Client Camp	Kenwood & Eve	ergreen	_{Date} 07/29/2024
Political Contributions For each political contributi	ion that is reportabl	e pursuant to RSA Char	oter 664 paid on behalf of the
client/lobbyist and lobbying			•
			
Б	o de Disale	- 23	
Full name of candidate: R	egina Birds	eli	
E.C.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 52	1.05	Office Candidate is Seeki	organie Senate
			ds or services provided, and enter the
actual cost of the in-kind contr enter an estimated value and the		oove for amount of contrib	ution. If the actual cost is not known,
one in estimated value and th	ic word estimate.		
			
			
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	eking
If the contribution is an in-kin	d contribution provid	le a description of the goo	ds or services provided, and enter the
			oution. If the actual cost is not known,
enter an estimated value and the	ne word "estimate."		
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	-1-1

If the contribution is an in-kind contribution, provide a de	scription of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	or amount of contribution. If the actual cost is not known,
one an estimated value and the troop estimate.	
	<u> </u>
(If more than three contributions were made, report additional c	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge an	
/s/ Jim Merrill	07/29/2024
(Signature of lobbyist)	(Date)
Jim Merrill	
(Print Name of lobbyist)	•

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Willi	am Craig		
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Bernstein Shur			
(Name of partne	ership, firm or corporation)	
III. Name of Client Camp	Kenwood & Eve	ergreen	_{Date} 7/29/2024
Political Contributions For each political contributi client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate: Ji	m O'Conne (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate is Seek	Executive Counsil
actual cost of the in-kind contrenter an estimated value and the state of the in-kind contrenter an estimated value and the state of th	ibution on the line ab	de a description of the goo	ods or services provided, and enter the pution. If the actual cost is not known
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	eking
actual cost of the in-kind contrenter an estimated value and the	ibution on the line ab		ods or services provided, and enter the bution. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	aldin a

	a description of the goods or services provided, and enter the reference of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
	<u> </u>
(If more than three contributions were made, report addition	al contributions 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	d hereby swear or affirm that the foregoing information and belief.
/s/ William Craig	7/29/2024
(Signature of lobbyist)	(Date)
William Craig	
(Print Name of lobbyist)	_