STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS
(RSA Chapter 15)

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NEW HAMPSHIRE
DEPARTMENT OF STATE

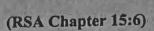
PLEASE PRINT

I. Name of Lobbyist(s) Joshua Harr	eli		VIAIL
II. Name of lobbyist's partnership, i	firm or corporation, if an	y:	
N/A			
(Name of partnership,	firm or corporation)	A DIVERSITY OF THE	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
Dusiness reducess. (Direct)	(Townsens)		
()(Telephone)	()(Fax)	e-mail	
III. This statement covers: (Choose or reportable expense transactions which			file a separate report for
All reportable transactions occurring	ng in the months prior to the	he reporting date relative to the	following client:
(Full Name of C	lient as it appears on the Lob	byist Registration Form)	
OR All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobb	yist's family), or the lobbying	firm listed below which are
IV. Date of Report April 29, 2020 Reports cover: activity from date of re		July 29, 2020 activity from 4/1/20 to 6/30/20	
October 28, 20 activity from 7/1/2		January 27, 2021 activity from 10/1/20 to 12/31/	20
V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH (form and submit it to the	transactions made since the Secretary of State's Office, 1	he last report. O7 North Main Street,
Check if additional reports are at	tached:		
If you have received fees or made e	xpenditures, you must fil	e Addendum A- Fees and E	xpenses
If you have paid an honorarium or rexpense Reimbursement	eimbursed expenses, you	must file Addendum B-Re	port of Honorariums or
If you, your firm, or your family ha	s made political contribu	tions, you must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation by Lob have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled (Signature of lobbyist)	4-C and RSA 664 and ha	and the state of t	
(Signature of lobbyist)	MENEND SHAPE	7/21/20 (Dat	
Joshua Harrell		Dat	6)
(Print Name of Johnster)	A STATE OF THE PARTY OF THE PAR		

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A





II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	
(Name of partnership, firm or corporation)	
III. Name of Client Merck Sharp & Dohme Corp.	Date
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, governme including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 9,375.00
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	b) \$ 9,687.50 year)
c) Total of all fees received to date (Add lines a and b)	e) \$_19,062.50
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 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 expenditure was of \$25.00 or less (for examplunch 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 repany 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 honorariums contributions will be reported on separate addendums and should not be reported a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	client and if expenditures are made by may be filed for the lobbyist(s)/firm he aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all oble; meals purchased during a businesses than \$10 that is given to the person ed 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,
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 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) \$ 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) \$
f) Total of all expenses year to date	f) \$ 0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
The Late of the second	\$
AL PERFECT CONTRACTOR OF THE PERFECT	\$
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.	that the foregoing information
(Signature of lobbyist)	7/26/20
	(Date)
Joshua Harrell (Print Name of 1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
(Print Name of lobbyist)	