STATE OF NEW HAMPSHIRE 2023 Statement of Income and

Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 6 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Joshua Harrell			
П. Name of lobbyist's partnershi	p, firm or corporation, if	any:	
(Name of partnersh	ip, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	()	e-mail	<u></u>
III. This statement covers: (Choo reportable expense transactions of	se one – file separate rep vhich are not attributabl	e to any one client).	
All reportable transactions occur Merck Sharp & Dohme		o the reporting date relative to the	e following client:
(Full Name	of Client as it appears on the	Lobbyist Registration Form)	
OR All reportable transactions by the unrelated to any particular client.	e lobbyist (including the l	obbyist's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of	023	July 26, 2023 20 activity from 4/1/23 to 6/30/2	<i>3</i> 1
October 25 activity from 7/1.		January 31, 2024 activity from 10/1/23 to 12/31/23	
V. There have been no fees red If this box is checked, complete just State House, Room 204, Concord, it	this form and submit it to		
VI. Check if additional reports a	e attached:		
If you have paid an honorarium		t file Addendum A— Fees and E you must file Addendum B— Re	-
Expense Reimbursement If you, your firm, or your famil	y has made political contr	ibutions, you must file Addendi	ım C– Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 14-C and RSA 664 and	hereby swear or affirm that the	foregoing information is true
(Signature of lobbyist)	<u> </u>	7/20/2	3
(Signature of lobbyist) Joshua Harrell	The second secon	/ (Da	ote)
(Print Name of Johnvist)			er en