

Each partner, officer, director, associate, employee, and agent of a registrant is required to file a short form registration statement unless he engages in no activities in furtherance of the interests of the registrant's foreign principal or unless the services he renders to the registrant are in a secretarial, clerical, or in a related or similar capacity.

**Privacy Act Statement.** The filing of this document is required by the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, for the purposes of registration under the Act and public disclosure. Provision of the information requested is mandatory, and failure to provide this information is subject to the penalty and enforcement provisions established in Section 8 of the Act. Every registration statement, short form registration statement, exhibit, amendment, copy of informational materials or other document or information filed with the Attorney General under this Act is a public record open to public examination, inspection and copying during the posted business hours of the Registration Unit in Washington, DC. Statements are also available online at the Registration Unit's webpage: <http://www.fara.gov/>. One copy of every such document, other than informational materials, is automatically provided to the Secretary of State pursuant to Section 6(b) of the Act, and copies of any and all documents are routinely made available to other agencies, departments and Congress pursuant to Section 6(c) of the Act. The Attorney General also transmits a semi-annual report to Congress on the Administration of the Act which lists the names of all agents registered under the Act and the foreign principals they represent. This report is available to the public in print and online at: <http://www.fara.gov/>.

**Public Reporting Burden.** Public reporting burden for this collection of information is estimated to average .429 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Chief, Registration Unit, Counterespionage Section, National Security Division, U.S. Department of Justice, Washington, DC 20530; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------|----------------------------------------------|-------------------------------------|----------------------------------|------------------------------------|--------------------------------|----------------------------------------|------------------------------------------------|--|--|--|
| 1. Name<br><br>Melissa Merrill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | 2. Registration No.<br><br>3657                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 3. Residence Address(es)<br>2 Jane Street, Apt 6B<br>New York, NY 10014                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | 4. Business Address(es)<br>1500 Broadway<br>New York, NY 10036                        |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 5. Year of Birth 1980<br>Nationality USA<br>Present Citizenship USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | 6. If present citizenship was not acquired by birth, indicate when, and how acquired. |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 7. Occupation<br>Account Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 8. What is the name and address of the primary registrant?<br>Name Daniel J. Edelman, Inc. Address 1500 Broadway, New York, NY 10036                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 9. Indicate your connection with the primary registrant:<br><table border="0"><tr><td><input type="checkbox"/> partner</td><td><input type="checkbox"/> director</td><td><input checked="" type="checkbox"/> employee</td><td><input type="checkbox"/> consultant</td></tr><tr><td><input type="checkbox"/> officer</td><td><input type="checkbox"/> associate</td><td><input type="checkbox"/> agent</td><td><input type="checkbox"/> subcontractor</td></tr><tr><td colspan="4"><input type="checkbox"/> other (specify) _____</td></tr></table> |                                    |                                                                                       |                                        | <input type="checkbox"/> partner | <input type="checkbox"/> director | <input checked="" type="checkbox"/> employee | <input type="checkbox"/> consultant | <input type="checkbox"/> officer | <input type="checkbox"/> associate | <input type="checkbox"/> agent | <input type="checkbox"/> subcontractor | <input type="checkbox"/> other (specify) _____ |  |  |  |
| <input type="checkbox"/> partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> director  | <input checked="" type="checkbox"/> employee                                          | <input type="checkbox"/> consultant    |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| <input type="checkbox"/> officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> associate | <input type="checkbox"/> agent                                                        | <input type="checkbox"/> subcontractor |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| <input type="checkbox"/> other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |
| 10. List every foreign principal to whom you will render services in support of the primary registrant.<br>Invest Northern Ireland                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                       |                                        |                                  |                                   |                                              |                                     |                                  |                                    |                                |                                        |                                                |  |  |  |

11. Describe separately and in detail all services which you will render to the foreign principal(s) listed in Item 10 either directly, or through the primary registrant listed in Item 8, and the date(s) of such services. (If space is insufficient, a full page insert must be used.)

creating networking event to increase visibility surrounding investment opportunities in Northern Ireland

12. Do any of the above described services include political activity as defined in Section 1(o) of the Act and in the footnote below?

Yes ☐ No ☒

If yes, describe separately and in detail such political activity.

13. The services described in Items 11 and 12 are to be rendered on a

☐ full time-basis

☒ part time basis

☐ special basis

14. What compensation or thing of value have you received to date or will you receive for the above services?

☐ Salary: Amount \$ \_\_\_\_\_ per \_\_\_\_\_ ☐ Commission at \_\_\_\_\_ % of \_\_\_\_\_

☒ Salary: Not based solely on services rendered to the foreign principal(s).

☐ Fee: Amount \$ \_\_\_\_\_ ☐ Other thing of value: \_\_\_\_\_

15. During the period beginning 60 days prior to the date of your obligation to register to the time of filing this statement, did you make any contributions of money or other things of value from your own funds or possessions and on your own behalf in connection with any election to political office or in connection with any primary election, convention, or caucus held to select candidates for any political office? Yes ☐ No ☒

If yes, furnish the following information:

| Date | Amount of<br>thing of value | Name of political organization |
|------|-----------------------------|--------------------------------|
|------|-----------------------------|--------------------------------|

| Name of<br>candidate |
|----------------------|
|----------------------|

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CRM/ISS REGISTRATION UNIT

### EXECUTION

In accordance with 28 U.S.C. § 1746, the undersigned swears or affirm(s) under penalty of perjury that he/she has read the information set forth in this registration statement and that he/she is familiar with the contents thereof and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

9/29/08  
(Date of signature)

M. Merida  
(Signature)

Footnote: Political activity as defined in Section 1(o) of the Act means any activity which the person engaging in believes will, or that the person intends to, in any way influence any agency or official of the Government of the United States or any section of the public within the United States with reference to formulating, adopting, or changing the domestic or foreign policies of the United States or with reference to the political or public interests, policies, or relations of a government of a foreign country or a foreign political party.