

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 7 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lo	obbyist(s) Julie Co	<u> </u>				
II. Name of k	obbyist's partnership,	firm or co	rooration if any:			
	Pharma US Inc					
	(Name of partnership,	firm or cor	peration)			
1120			Washington	DC	20005	
Business Addre	ss: (Street)		(Town/City)	(State)	(Zip Code)	
(857) 271-6194	1)	•	julie.cox	_{e-mail} julie.cox@astellas.com	
	phone)	_	(Fax)	C-IIMI	-	
reportable ex	pense transactions whi	ich are no	t attributable to any o	one client).	ry file a separate report for	
All reports	ible transactions occurri	ng in the p	nonths prior to the repo	orting date relative to the	e following client:	
Astellas F	Pharma US Inc					
	(Full Name of C	lient as it a	ppears on the Lobbyist R	egistration Form)	**************************************	
OR All reportal	ble transactions by the le by particular client.	obbyist (in	cluding the lobbyist's	family), or the lobbying	firm listed below which are	
IV. Date of Re Reports cover:	eport April 27, 202 activity from date of re October 26, 2 activity from 7/1/	gistration 1 022		July 27, 2022	222	
If this box is cl	ve been no fees receiv tecked, complete just thi toom 204, Concord, NH	is form and				
VI. Check if a	dditional reports are a	ttached:				
	e received fees or made		res, you must file Add	endum A– Fees and Ex	penses	
If you have	e paid an honorarium or	reimburse	d expenses, you must	file Addendum B– Rep	ort of Honorariums or	
Expense Reim		as made p	olitical contributions, y	rou must file Addendu r	m C-Political Contributions	
I have read RS and complete to (Signature of I	o the best of my knowle	4-C and P	dief.	vear or affirm that the fo	oregoing information is true	
(Print Name of	f lobbyist)					