

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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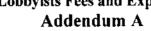
JAN 2 8 2020

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DEPARTMENT OF STATE I. Name of Lobbyist(s) Krina Patel II. Name of lobbyist's partnership, firm or corporation, if any: N/A (Name of partnership, firm or corporation) MA 02142 Cambridge 225 Binney Street Business Address: (Street) (Town/City) krina.patel@biogen.com III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Biogen (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 31, 2019 🔲 April 24, 2019 🔲 IV. Date of Report activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19 Reports cover: October 30, 2019 January 29, 2020 🗹 activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) Krina Patel

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

Veina Patal				
I. Name of Lobbyist(s) Krina Patel				
II. Name of lobbyist's partnership, firm or corporation, if any:				
N/A				
(Name of partnership, firm or corporation)	4/00/00			
III. Name of Client Biogen	Date 1/20/20			
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 services			
a) Total of all fees received in this reporting period	a) \$ 322.80			
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).	b) \$ <u>162.00</u>			
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>484.80</u>			
 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 e individual expenses where the expenditure was of \$25.00 or less (for examp lunch 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 lobbie (c) an itemized statement of each individual expenditure made during this reparance 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.	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 ele: meals purchased during a business 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 ue of greater than \$25, purchase of er than \$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) \$ 0.00			
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) \$ 46.90
f) Total of all expenses year to date	f) \$ 46.90
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	bbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
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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)	1/23/20.
Krina Patel	· (Date)
(Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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JAN 2 8 2020

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

NEW HAMPSHIRE DEPARTMENT OF STATE

	ffirmation by Lobby e and Expenses for:			
Name of Lobbying partnership, firm, or corporation: Krina Patel  Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Biogen				
April 24, 2019 🗆	July 31, 2019 🛘	October 30, 2019 🗆	January 29, 2020 🔽	
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, thums submitted with the	ne Statement of Income ar at Statement (insert the n	nd Expenses described above, and umber of Addendum forms being	
1 Addendum A(	s).			
O Addendum B(	s).			
1 Addendum C(	s).			
	m that the foregoing in my knowledge and bel		Int and each Addendum is true and $\frac{1/23/20}{(Date)}$	
Krina Patel				