

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

REGEIVED JAN **25** 2022

PLEASE PRINT

NEW HAMPSHIRE DEPARTS STATE

I. Name of Lobbyist(s) JULIE COX		<u>an displace and a second a second and a second a second and a second a second and a second and a second and a second and a second a second a second a second and</u>	ar <u>ar sy rain karing na S</u> e
II. Name of lobbyist's partnership, firm or c	1.0		
(Name of partnership, firm or or	<u> </u>	The Control	- during promiser of the land of the relations 4
1001 G STREET NW STE 800/900E	WASHINGTON	DC	20001
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(857) 271-6194		ໄນໄດ້ ເຄ ົ ້າ	astellas.com
(Telephone)	(Fax)	e-mail dine.cox	
III. This statement covers: (Choose one – fill reportable expense transactions which are n			ay file a separate report for
All reportable transactions occurring in the	months prior to the reporting	date relative to the	e following client:
ASTELLAS PHARMA US INC			
(Full Name of Client as i	t appears on the Lobbyist Regist	ration Form)	
OR	and grown of the second	. 65 - VL - F22 - CL 2, GW	an san san san san san san san san san s
All reportable transactions by the lobbyist (unrelated to any particular client.	including the lobbyist's fami	y), or the lobbying	g tirm listed below which are
IV. Date of Report April 28, 2021 Reports cover: activity from date of registration	the state of the s	y 28, 2021 om 4/1/21 to 6/30/21	ì Î
October 27, 2021 activity from 7/1/21 to 9/3		uary 26, 2022 V om 10/1/21 to 12/31	<u>/21</u>
V. There have been no fees received and If this box is checked, complete just this form of State House, Room 204, Concord, NH 03301.	I no reportable transaction and submit it to the Secretary	ons made since t of State's Office, I	he last report. 107 North Main Street,
VI. Check if additional reports are attached	*		
If you have received fees or made expend			
If you have paid an honorarium or reimbu Expense Reimbursement			
If you, your firm, or your family has made	political contributions, you	must file Addend t	ım C-Political Contributions
Sworn Statement/Affirmation by Lobbyist Thave read RSA 15, RSA 15-B, RSA 14-C an and complete to the best of my knowledge and		or affirm that the	foregoing information is true
Ville, Com		1/201	(2)
(Signature of lobbyist)		(Da	te)
ULLE COX			
(Print Name of Johnwet)	*************************************		