

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 27 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lol	bbyist(s) Julie Cox			DEPARTMEN
II. Name of lol	bbyist's partnership, firm (or corporation, if any:		
Astellas F	Pharma US, Inc.			
	(Name of partnership, firm of	or corporation)		
1120	G St. NW Ste. 950	Washington	DC	20005
Business Addres	, ,	(Town/City)	(State)	(Zip Code)
(857)) 271-6194 ()	e-mail julie.cox	@astellas.com
(Teler	phone)	(Fax)	0 mun	
reportable exp	ment covers: (Choose one – pense transactions which an	re not attributable to any o	one client).	
	ble transactions occurring in	the months prior to the repo	orting date relative to the	tollowing client:
Astellas F	harma US, Inc.			
OR	(Full Name of Client	as it appears on the Lobbyist R	egistration Form)	
IV. Date of Re Reports cover: V. There hav If this box is ch	port April 27, 2022 activity from date of registre October 26, 2022 activity from 7/1/22 to re been no fees received a secked, complete just this form 204, Concord, NH 0330	ation to 3/31/22 active 9/30/22 active and no reportable transam and submit it to the Secre	July 27, 2022 ity from 4/1/22 to 6/30/22 January 25, 2023 ity from 10/1/22 to 12/31/2	e last report.
VI. Check if ac	dditional reports are attacle received fees or made expe paid an honorarium or reimpursement	hed: inditures, you must file Add ibursed expenses, you must	file Addendum B – Rep	
I have read RS		and RSA 664 and hereby sv	wear or affirm that the fo	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Julie Cox	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Astellas Pharma US, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
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 oss fee amount reported shall not be
a) Total of all fees received in this reporting period	_{a) \$} 1,804.00
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)	a) \$ 1,804.00 b) \$ 1,106.00
c) Total of all fees received to date	2040.00
(Add lines a and b)	_{c)} \$_2910.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 exindividual expenses where the expenditure was of \$25.00 or less (for example 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 lobbied (c) an itemized statement of each individual expenditure made during this report any 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 greate 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 aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (c) that is given to the person of with a value of \$25.00 or less); and or ting period of greater than \$25.00 for the of greater than \$25, purchase of a treatment and \$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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ 0 b) \$ 0 c) \$
in a), of \$25 or less.	b) \$ U
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>U</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
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) \$ 0
f) Total of all expenses year to date	f) \$ 0
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:
	\$
	\$
	\$
	\$
	\$
	\$
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	a that the foregoing information
is true and complete to the best of my knowledge and belief.	t that the foregoing information
(Signature of lobbyist)	7/25/22 (Date)
Julie Cox	
(Print Name of lobbyist)	



# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) JUL 27 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Julie COX		
II. Name of lobbyist's	partnership, firm or c	orporation, if any:	
Astellas Pharma U	S, Inc.		
(Name of	partnership, firm or corporation	1)	
III Name of Client			Date
m. Name of Chem			
<b>Political Contribution</b>		, , , , , , , , , , , , , , , , , , ,	C4
For each political control client/lobbyist and lobb	ibution that is reportable	le pursuant to RSA Chapter 6	64 paid on behalf of the
chem/lobbyist and lobb	ying iiii, iidicate tile	ionowing.	
	Oleria Ormania		
Full name of candidate	: Chris Sununu		
	(Last Name)	(First Name)	(2.22222
Amount of contribution \$	500	Office Candidate is Seeking G	ovenor
If the contribution is an in	1-kind contribution, provide contribution on the line of	de a description of the goods or a bove for amount of contribution.	services provided, and enter the
enter an estimated value		bove for amount of contribution.	If the actual cost is not know
<del></del>			
Full name of candidate	. NH Senate Der	mocratic Caucus	
	(Last Name)	(First Name)	(Middle Name/Initial)
	4 000		
Amount of contribution 9	, 1,000	Office Candidate is Seeking	State Senate
Amount of contribution §	1,000	Office Candidate is Seeking	State Senate
If the contribution is an in	n-kind contribution, provi	de a description of the goods or	services provided, and enter the
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a		services provided, and enter the
If the contribution is an in	n-kind contribution, provi contribution on the line a	de a description of the goods or	services provided, and enter th
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a	de a description of the goods or	services provided, and enter th
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a	de a description of the goods or	services provided, and enter the
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a	de a description of the goods or	services provided, and enter the
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a	de a description of the goods or	services provided, and enter th
If the contribution is an in actual cost of the in-kind	n-kind contribution, provi contribution on the line a	de a description of the goods or bove for amount of contribution.	services provided, and enter th If the actual cost is not know
If the contribution is an in actual cost of the in-kind	n-kind contribution, provice contribution on the line aland the word "estimate."	de a description of the goods or	services provided, and enter the If the actual cost is not know
If the contribution is an in actual cost of the in-kind enter an estimated value a	n-kind contribution, provice contribution on the line aland the word "estimate."	de a description of the goods or bove for amount of contribution.	services provided, and enter th If the actual cost is not know

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B 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)  7/25 / 3 (Date)
Julie Cox
(Print Name of lobbyist)

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