

I. Name of Lobbyist(s) Krina Patel

STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses

for LOBBYISTS

RECEIVED

OCT 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

II. Name of lobbyist's partnership, firm	or corporation, if any:		
N/A			
(Name of partnership, firm	or corporation)	* · · · ·	
225 Binney Street	Cambridge	MA	02142
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(617) 914-4078	e-mail krina.patel@biogen.com		
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which a			nfile a separate réport
All reportable transactions occurring i	n the months prior to the report	ing date relative to the	following client:
Biogen			
	t as it appears on the Lobbyist Reg	istration Form)	
<u>OR</u>		·	
All reportable transactions by the lobby inrelated to any particular client.	yist (including the lobbyist's far	mily), or the lobbying	firm listed below which
IV. Date of Report April 28, 2021 Reports cover: activity from date of regist October 27, 2021 activity from 7/1/21 to	ration to 3/31/21 activity	Tuly 28, 2021	1
V. There have been no fees received f this box is checked, complete just this fo State House, Room 204, Concord, NH 033	rm and submit it to the Secreta		
/I. Check if additional reports are attac	ched:		
If you have received fees or made exp	enditures, you must file Adden	dum A- Fees and Exp	penses
If you have paid an honorarium or reincxpense Reimbursement	mbursed expenses, you must fil	e Addendum B-Repo	ort of Honorariums or
If you, your firm, or your family has n	nade political contributions, yo	u must file Addendum	C- Political Contribut
Sworn Statement/Affirmation by Lobby have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	C and RSA 664 and hereby swe	ar or affirm that the for $1927/2021$	regoing information is t
(Signature of lobbyist)		(Date))
Krina Patel		·	•
(Print Name of lobbyist)			