

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	ulle Cox		
II. Name of lobbyist's p		corporation, if any:	
Astellas Pharma US		•	
	partnership, firm or corporation	on)	
III. Name of Client			Date
Political Contributions	s bution that is reportab	ole pursuant to RSA Chapt	eer 664 paid on behalf of the
Full name of candidate:	Sununu (Last Name)	Chris	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	_ Office Candidate is Seekin	Governor Governor
enter an estimated value a			
Full name of candidate	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate	(Last Name)	(First Name)	
Full name of candidate Amount of contribution \$	(Last Name) 1-kind contribution, procontribution on the line	(First Name) Office Candidate is See vide a description of the good above for amount of contribution of the contribution of c	(Middle Name/Initial)
Full name of candidate Amount of contribution \$ If the contribution is an in actual cost of the in-kind enter an estimated value a Full name of candidate	(Last Name) a-kind contribution, procontribution on the line and the word "estimate."	(First Name) Office Candidate is See vide a description of the good above for amount of contributy.	(Middle Name/Initial) kking ds or services provided, and enter tution. If the actual cost is not know
Full name of candidate Amount of contribution \$ If the contribution is an in actual cost of the in-kind enter an estimated value a Full name of candidate	(Last Name) a-kind contribution, procontribution on the line and the word "estimate."	(First Name) Office Candidate is See vide a description of the good above for amount of contributy.	(Middle Name/Initial) king ds or services provided, and enter tution. If the actual cost is not know

If the contribution is an in-kind contribution, provide a dactual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	lescription of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
enter an estimated value and the word estimate.	
(If more han 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 I is true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information and belief.
(Signature of lobbyist)	4/25/32 (Date)
Julie Cox (Print Name of lobbyist)	_

PLEASE PRINT

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 gro reduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period 	relations, or public relations services
(This should equal the total of all prior monthly reports for this calendar ye	ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 1106.00
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 in 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 less being lobbied, purchase of a ceremonial object given to a person being lobbie (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.	may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st 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 the of greater than \$25, purchase of a ter 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
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0 c) \$
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) 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) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	e) \$ 0 f) \$ 0 bbbying 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 affirming is true and complete to the best of my knowledge and belief. (Signature of lobbyist) Julie Cox (Print Name of lobbyist)	m that the foregoing information $\frac{4/35/32}{\text{(Date)}}$

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of L	obbyist(s) Julie Cox			
	lobbyist's partnership, firm or c Pharma US Inc	orporation, if any:		
	(Name of partnership, firm or co	orporation)		
1120	G Street NW STE 950	Washington	DC	20005
Business Add	ress: (Street)	(Town/City)	(State)	(Zip Code)
(85	7) 271-6194		e-mail julie.cox@a	astellas.com
() <u>\</u> (Te	7) 271-6194 ()	(Fax)		
reportable e	tement covers: (Choose one – file xpense transactions which are n table transactions occurring in the	ot attributable to any o	ne client).	
		months prior to the repo	iting date relative to the	
Astellas	Pharma US Inc			
OB	(Full Name of Client as i	t appears on the Lobbyist R	egistration Form)	
All report	able transactions by the lobbyist (including the lobbyist's f	amily), or the lobbying	firm listed below which are
If this box is		0/22 activ	July 27, 2022 ty from 4/1/22 to 6/30/22 January 25, 2023 ity from 10/1/22 to 12/31/ actions made since that y of State's Office, 1	ne last report.
VI. Check if If you be If you be Expense Re-	f additional reports are attached ave received fees or made expend ave paid an honorarium or reimbur mbursement our firm, or your family has made	itures, you must file Add rsed expenses, you must	file Addendum B – Re	port of Honorariums or
I have read and comple (Signature dulle Co	/	d RSA 664 and hereby side belief.	wear or affirm that the f	