

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 3 0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter
PLEASE PRINT

Name of Lobbuilty Julie Cox

| I. Name of lobbyist's pa | | rm or corneral | tion if any: | | -1.0 |
|---|----------------------------------|-------------------|---------------------|--|-------------------------|
| ir. Name of folloyist 5 pa | n mersinp, m | int or corporat | uon, n any: | | |
| • | • | rm or corporation | • | | |
| 1120 G Street | <u>, NW, S</u> | uite 950, | , Washing | ton, DC | 20005 |
| Business Address: (Street) | | (Town | n/City) | (State) | (Zip Code) |
| _() <u>(857)</u> 271 | -6194 | () | | e-mail compliant | ce_nh_astellas_1@multi |
| (Telephone) | | , | (Fax) | | - |
| III. This statement cover | | | | | may file a separate re |
| reportable expense trans | actions which | h are not attril | butable to any or | ie client). | |
| All reportable transact | ions occurring | g in the months | prior to the repor | ting date relative to | the following client: |
| _ Astellas Phai | | _ | , | ······ g ······· · · · · · · · · · · · | |
| | | • | on the Lobbyist Re | gistration Form) | |
| <u>OR</u> | | | | | |
| All reportable transacti | ons by the lot | byist (includin | g the lobbyist's fa | amily), or the lobbyi | ing firm listed below w |
| unrelated to any particular | client. | | | | |
| IV. Date of Report | 4 | a. [4] | | Indu 21 2024 | 1 |
| Reports cover: activity from | April 24, 20 n date of regist | | activi | July 31, 2024 <u> </u> |] <i>/24</i> |
| | ctober 30, 202 | | | muary 29, 2025 | |
| activity | from 7/1/24 to | 9/30/24 | | rom 10/1/24 to 12/31/ | 724 |
| V. There have been no | fees receive | ed and no rep | ortable transa | ctions made since | the last report. |
| If this box is checked, com State House, Room 204, C | plete just this | form and subm | it it to the Secret | ary of State's Office, | , 107 North Main Stree |
| State House, Room 204, C | oncora, mi | J301. | | | |
| VI Check if additional r | - | | | | |
| If you have received f | | | | | |
| If you have paid an ho Expense Reimbursement | norarium or r | eimbursed expe | enses, you must f | ile Addendum B f | Report of Honorariums |
| _ | our family ha | s made notitical | l contributions w | ou must file Addana | lum C-Political Cont |
| Jan Jou, Jour Lam, or J | our running mu. | s made pomiou | i commodions, y | ou must me Adden | |
| | | | | | |
| Sworn Statement/Affirm | ation by Lob | hvist | | | |
| I have read RSA 15, RSA | | | 64 and hereby sw | ear or affirm that the | e foregoing informatio |
| and complete to the best o | | | • | | |
| <u>JULIE COX</u> ulie Cox (Jul 29, 2024 13:39 EDT) | | | | Jul 29, 2024 | |
| (Signature of lobbyist) | | | - | (E | Date) |
| Julie Cox | | | | · | |
| (Print Name of lobbyist) | | | | | |

LEASE 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: | |
| (Name of partnership, firm or corporation) III. Name of Client Astellas Pharma US, Inc. | Jul 29, 2024 |
| 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) \$ 1923 b) \$ 0 |
| 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) S <u>O</u> |
| c) Total of all fees received to date (Add lines a and b) | c) \$ 1923 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | c) \$ 1923 d) S 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 examplunch 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 e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines as than \$10 that is given to the person ed with a value of \$25.00 or less); and porting period of greater than \$25.00 for ue of greater than \$25, purchase of 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) \$ <u>0</u> |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | ь) \$ <mark>0</mark> |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ <u>0</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) \$ <u>0</u> |
| f) Total of all expenses year to date | 0.8 |
| 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. | obbying fees during this reporting |
| Paid to: | Amount: |
| | _{\$} _0 |
| | _{\$} 0 |
| | <u>0</u> |
| | s <u>0</u> |
| | s 0 |
| | s <u>0</u> |
| | |
| 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 |
| <u>Julie Cox</u> Julie Cox (Jul 29, 2024 13:39 EDT) | Jul 29, 2024 |
| (Signature of lobbyist) | (Date) |
| Julie Cox | |
| (Print Name of lobbyist) | |

STATE OF NEW HAMPSHIRE

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

| I. Name of Lobbyist(s) Julie Cox | | |
|--|-------------------------------|------------------------------|
| II. Name of lobbyist's partnership, firm or | corporation, if any: | |
| (Name of partnership, firm or corporat | ion) | |
| III. Name of Client Astellas Pharn | na US, Inc. | Date |
| Political Contributions For each political contribution that is reporta client/lobbyist and lobbying firm, indicate the | | er 664 paid on behalf of the |
| Full name of candidate: NH House F | Republican PAC | |
| (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ 1,000 | Office Candidate is Seeking | <u>, n/a</u> |
| If the contribution is an in-kind contribution, pro- actual cost of the in-kind contribution on the line enter an estimated value and the word "estimate." | above for amount of contribut | |
| Full name of candidate: NH Senate 1 | Democratic PAC | |
| (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ 1,000 | Office Candidate is Seeki | ing n/a |
| If the contribution is an in-kind contribution, provactual cost of the in-kind contribution on the line enter an estimated value and the word "estimate." | above for amount of contribut | |
| Full name of candidate: (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution C | Office Candidate is Socki | |

| | |
|---|--|
| | · · · · · · · · · · · · · · · · · · · |
| (If more than three contributions were made, report addit | tional contributions on separate addendum C forms.) |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| • • | and hereby swear or affirm that the foregoing inform |
| I have read RSA 15, RSA 15-B and RSA 664 a | |