

STATE OF NEW HAMPSHIRE

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

JUL 3 0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Julie Cox				
II. Name of lobbyist's partnership, firm	or corporatio	n, if any:		
(Name of partnership, firm of 1120 G Street, NW, Sui	•	Washington,	DC	20005
Business Address: (Street)	(Town/C	City)	(State)	(Zip Code)
() (857) 271-6194 (Telephone))	(Fax) e-m	ailail	_nh_astellas_1@multistate.us
III. This statement covers: (Choose one- reportable expense transactions which as				ay file a separate report for
All reportable transactions occurring in	the months pr	rior to the reporting dat	te relative to th	ne following client:
Astellas Pharma US,				
<u> </u>		the Lobbyist Registratio	n Form)	
All reportable transactions by the lobby unrelated to any particular client.	ist (including t	he lobbyist's family),	or the lobbyin	g firm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration October 30, 2024 activity from 7/1/24 to 9/3]
V. There have been no fees received a lf this box is checked, complete just this for State House, Room 204, Concord, NH 0336	nı and submit			
Check if additional reports are attack If you have received fees or made expe	nditures, you			
Expense Reimbursement If you, your firm, or your family has m	ade political c	ontributions, you must	file Addendu	um C–Political Contributions
Sworn Statement/Affirmation by Lobbyi I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a Julie Cox	st and RSA 664	and hereby swear or a	ffirm that the	
Julie Cox (Jul 29, 2024 13:39 EDT)		Jul 29,		
(Signature of lobbyist)			(Da	te)
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:	
(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 greated by any expenses: a) Total of all fees received in this reporting period	relations, or public relations service
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.	ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 3773 d) S 0
d) Indicate the amount of any such fees that are due, but have not yet been paid	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 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 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 being be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25.00 for 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) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	_{c) \$} 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) f) Total of all expenses year to date VI. Other Expenses:	e) \$ 0 f) \$ 0
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: \$\frac{0}{0}\$ \$
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.	n that the foregoing information
Julie Cox (Jul 29, 2024 13:39 EDT)	Jul 29, 2024
(Signature of lobbyist) Julie Cox (Print Name of lobbyist)	(Date)

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Juli	e Cox		
II. Name of lobbyist's partn	ership, firm or o	corporation, if any:	
(Name of partner	ship, firm or corporation	on)	
III. Name of Client Astel	-		Jul 29, 2024 Date
Political Contributions For each political contribution client/lobbyist and lobbying	n that is reportab	ole pursuant to RSA Cha	
Full name of candidate: N		epublican PAC	
4.0	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0	00	Office Candidate is Seek	_{ing} _n/a
If the contribution is an in-kind actual cost of the in-kind contribenter an estimated value and the	oution on the line a	ide a description of the goo bove for amount of contrib	eds or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate: Nh		emocratic PAC	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0	00	Office Candidate is Se-	_{eking} n/a_
If the contribution is an in-kind	contribution, provi oution on the line a	de a description of the goo bove for amount of contrib	ds or services provided, and enter the oution. If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Sec	akina

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	on of the goods or services provided, and enter the ant of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions) Sworn Statement/Affirmation by Lobbyist	ions on separate addendum C forms.)
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belie	
Julie Cox (Jul 29, 2024 13:39 EDT)	Jul 29, 2024
(Signature of lobbyist)	(Date)
Julie Cox	
(Print Name of lobbyist)	