

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 19 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Krina Pate	el		
II. Name of lobbyist's partnership, firn			
(Name of partnership, fire	n or corporation)		
225 Binney Street	Cambridge	MA	02142
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (617) 914-4078 ()	e-mail krina.patel@b	iogen.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which			a separate report for
All reportable transactions occurring Biogen	in the months prior to the repo	rting date relative to the follo	owing client:
	nt as it appears on the Lobbyist Re	egistration Form)	
<u>OR</u>			
 All reportable transactions by the lobb unrelated to any particular client. 	oyist (including the lobbyist's f	amily), or the lobbying firm	listed below which are
IV. Date of Report April 28, 2021	√	July 28, 2021	
Reports cover: activity from date of regis		ty from 4/1/21 to 6/30/21	
October 27, 202 activity from 7/1/21		January 26, 2022 ty from 10/1/21 to 12/31/21	
V. There have been no fees received of this box is checked, complete just this for State House, Room 204, Concord, NH 03	form and submit it to the Secret		
VI. Check if additional reports are atta	ached:		
If you have received fees or made ex		endum A— Fees and Expense	es
If you have paid an honorarium or re Expense Reimbursement	imbursed expenses, you must f	file Addendum B – Report o	f Honorariums or
☐ If you, your firm, or your family has	made political contributions, y	ou must file Addendum C-	Political Contributions
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowledg	-C and RSA 664 and hereby sw	vear or affirm that the forego	ing information is true
(Signature of lobbyist)		(Date)	
Krina Patel			RECEIVED
(Print Name of lobbyist)			
			APR 19 2021