

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 OF 1093

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Astellas US LLC PAC (Astellas PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hughes, Tommy, , ,

Mailing Address 1 Astellas Way

City
NorthbrookState
ILZip Code
60062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astellas Pharma US Inc.Occupation (for Individual)
Sr Sales Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1960609

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hughes, Tommy, , ,

Mailing Address 1 Astellas Way

City
NorthbrookState
ILZip Code
60062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astellas Pharma US Inc.Occupation (for Individual)
Sr Sales Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2003459

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hughes, Tommy, , ,

Mailing Address 1 Astellas Way

City
NorthbrookState
ILZip Code
60062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astellas Pharma US Inc.Occupation (for Individual)
Sr Sales Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2289526

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶