

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 1093

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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
Northbrook

State
IL

Zip Code
60062

FEC 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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2019-2973496

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hutchinson, Jay, , ,

Mailing Address 1 Astellas Way

City
Northbrook

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astellas Pharma US Inc.

Occupation (for Individual)
Sr Executive Representative I Hospital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : A2019-2492454

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Hutchinson, Jay, , ,

Mailing Address 1 Astellas Way

City
Northbrook

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astellas Pharma US Inc.

Occupation (for Individual)
Sr Executive Representative I Hospital

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2019

Transaction ID : A2019-2596403

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

50.00