

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : A2020-874610**

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  
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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

**Transaction ID : A2020-842656**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Johnston, Carl, , ,**

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 VP Urology & Hospital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1173.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : A2020-874657**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

252.30