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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual AstraZeneca Pharmaceuticals LP	
<b>2. Address</b> Address1 1800 CONCORD PIKE, P.O. BOX 15437 Address2 _____ City WILMINGTON State DE Zip Code 19850-5437 Country USA	
<b>3. Principal place of business (if different than line 2)</b> City _____ State _____ Zip Code _____ Country _____	
4a. Contact Name Ms. Jamie Bell	b. Telephone Number 2023505550
c. E-mail jamie.bell@astrazeneca.com	
5. Senate ID# 54073-12	
7. Client Name <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality AstraZeneca Pharmaceuticals LP	
6. House ID# 349750000	

## TYPE OF REPORT

8. Year 2019 Q1 (1/1 - 3/31)  Q2 (4/1 - 6/30)  Q3 (7/1 - 9/30)  Q4 (10/1 - 12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  Termination Date \_\_\_\_\_ 11. No Lobbying Issue Activity

## INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

<p><b>12. Lobbying</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input type="checkbox"/> \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p><b>EXPENSE</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input checked="" type="checkbox"/> \$ <u>860,000.00</u></p> <p><b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Digitally Signed By: Jamie Bell

Date 9/3/2019  
9:51:57 AM

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code HCR

16. Specific lobbying issues

- Value of Prescription Drugs
- Price Transparency
- Oncology Care Model
- Personalized Medicine
- Value in Healthcare Initiative & ADA/AHA Know Diabetes By Heart Collaborative—Chronic Care
- Diagnostics

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Health & Human Services - Dept of (HHS), Centers For Medicare and Medicaid Services (CMS), Centers For Disease Control & Prevention (CDC)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Natalie	Morris			<input type="checkbox"/>
Helen	Dwight			<input type="checkbox"/>
Morgan	Bradley-Jones			<input type="checkbox"/>
Susie	Ahn			<input type="checkbox"/>
Julie	Garner			<input type="checkbox"/>
Theresa	Jolivette			<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code MMM

16. Specific lobbying issues

- Medicare Part D Coverage and Reimbursement
- Medicare Part D Non-Interference
- Legislative proposals to change Medicare Part D
- Medicare Part B coverage and reimbursement
- Changes to the Medicaid Drug Rebate Program (AMP Cap)
- Medicare Part B Intl. Pricing Index ANPRM

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Medicare and Medicaid Services (CMS)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Natalie	Morris			<input type="checkbox"/>
Helen	Dwight			<input type="checkbox"/>
Morgan	Bradley-Jones			<input type="checkbox"/>
Susie	Ahn			<input type="checkbox"/>
Julie	Garner			<input type="checkbox"/>
Theresa	Jolivette			<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code PHA

16. Specific lobbying issues

- Medicare Part D coverage and reimbursement
- Value of Prescription Drugs
- Prescription Drug Importation
- Innovative Payment Models
- Price Transparency
- Legislative proposals to change Medicare Part D
- Medicaid and 340B issues & drug discount program
- President's Drug Pricing Blueprint

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Disease Control & Prevention (CDC), Health & Human Services - Dept of (HHS)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Natalie	Morris			<input type="checkbox"/>
Helen	Dwight			<input type="checkbox"/>
Morgan	Bradley-Jones			<input type="checkbox"/>
Susie	Ahn			<input type="checkbox"/>
Julie	Garner			<input type="checkbox"/>
Theresa	Jolivette			<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code CPT

16. Specific lobbying issues

<ul style="list-style-type: none"> <li>• FDA Patent Settlement legislation</li> <li>• Intellectual property and patent issues</li> </ul>
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17. House(s) of Congress and Federal agencies  Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE
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18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Helen	Dwight			<input type="checkbox"/>
Morgan	Bradley-Jones			<input type="checkbox"/>
Susie	Ahn			<input type="checkbox"/>
Natalie	Morris			<input type="checkbox"/>
Julie	Garner			<input type="checkbox"/>
Theresa	Jolivette			<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

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**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

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**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

#	First Name	Last Name	Suffix	#	First Name	Last Name	Suffix
1	Theresa	Jolivette		3			
2				4			

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

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## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)	
	Street Address City	State/Province	Zip	Country	City State	Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

## FOREIGN ENTITIES

27. Add the following foreign entities:

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address City	State/Province	Country			
				City State Country		%

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1 3 5  
2 4 6

## CONVICTIONS DISCLOSURE

29. Have any of the lobbyists listed on this report been convicted in a Federal or State Court of an offense involving bribery, extortion, embezzlement, an illegal kickback, tax evasion, fraud, a conflict of interest, making a false statement, perjury, or money laundering?

No  Yes

Lobbyist Name	Description of Offense(s)