NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

| Reporting Information | FO | R OFFICE USE ONLY | |
|--|--|--|-------------------------------|
| Year: 2013 | AND THE REAL PROPERTY OF THE SECOND S | | |
| Fill in circle if amendment | | | 12 54 44 |
| | | RECFIVED | ADD 1 N anal |
| | | = * | |
| II Client Information | | | |
| Name: ASTRAZENECA PHARMACUETICALS | | And the second s | |
| Permanent Business Address: 1800 CONCORD PIKE | | | |
| City: WILMINGTON | State: DE | ZIP c | code: 19850 |
| Phone: (302)885-2319 | | | |
| 1110110. (302)003 2313 | | | |
| III Business Relationship with an Entit Instructions: Fill out this section only if the Relations and fill out Section IV. | y hip is with an Entity. If the I | Relationship is with a St | ate Person, skip this section |
| Entity Name: NONE | ¥ 2 | | |
| Entity Address: | | | |
| City: | State: | ZIP | code: |
| Phone: | | | |
| State Person with the Requisite Involvement in the | ne Entity: | | |
| Last name: | First name: | | |
| State Person's Agency or Legislative Body of Em | ployment: | | |
| Public Office Address: | | | |
| City: | State: | ZIP code: | |
| Phone: | | | |
| Check here if using addendum sheet for addition | onal State Person(s) with | the Requisite Involve | ement in the Entity: |
| Description of Business Relationship(s): | | | |
| | | | |
| | | | |
| | | | |
| Compensation (Actual or Anticipated): | \$ | .00 | |
| Expenses (Actual or Anticipated): | \$ | .00 | |
| Total Compensation and Expenses (Actual or A | nticipated): | \$0 | .00 |
| 9 50 9 50 F 5 F 5 F 5 F 5 F 5 F 5 F 5 F 5 F 5 | NO N BERT D D FOR M | | |
| Beginning date of Business Relationship (Actual | | Month: | Year: |
| End date of Business Relationship (Actual or An | | | Year: |
| Check here if using addendum sheet for addition | onal Relationship(s) with | different Entity/Entiti | es: |

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

| III Busines Instructions: III(a) | Fill out this section only if the Relation and fill out Section IV. Fill out this section ONLY for additional fill out this section ONLY for additional fill out this section on the fill out the fil | nship is with an Entity. | | | ip this section |
|---|--|--------------------------|--|---------------------------|-----------------|
| Entity Name: | NONE | | the state of the s | | |
| Entity Addres | s: | | | | |
| City: | | State: | | ZIP code: | |
| Phone: | | | | | |
| State Person | with the Requisite Involvement in t | he Entity: | | | |
| Last name: | | First na | me: | | |
| State Person' | s Agency or Legislative Body of En | nployment: | | | |
| Public Office | Address: | | | | |
| City: | | State: ZIP code: | | | |
| Phone: | | | | | |
| Check here i | if using addendum sheet for additi | onal State Person(s) | with the Requisi | te Involvement in the | Entity: |
| Description of | of Business Relationship(s): | | | | |
| E 8 305225 G 6 73 | | | | | |
| N. S. | | | | | |
| 29 300 | | | | | |
| Compensation | on (Actual or Anticipated): | \$ | .00 | | |
| Expenses (Ac | ctual or Anticipated): | \$ | .00 | | |
| Total Compe | ensation and Expenses (Actual or A | Anticipated): | \$ | | 00 |
| N 0 4 | | | Remona | | |
| Beginning do | ate of Business Relationship (Actua | l or Anticipated): | Month: | Year: | |
| End date of | Business Relationship (Actual or An | iticipated) if applica | able: Month: | Year: | |
| III(b) | Fill out this section ONLY for additiona | al State Person with the | Requisite Involve | ment in an Entity previou | ısly listed. |
| Entity Name: | | | | | |
| | | | | | |
| Entity Address | S. | State: | | ZIP code: | |
| City: | | sidle. | | Zii code. | |
| Phone: | | lla a Fralit u | | | |
| 9 1000 8 8 9 100 | with the Requisite Involvement in | | X 00000 0000 1 | | |
| Last name: | | First na | me. | | |
| Teal tealth : | 's Agency or Legislative Body of Er | mpioyment: | | | |
| Public Office | e Address: | | | 710 | |
| City: | | State: | | ZIP code: | |
| Phone: | | | | | |

| IV Busine Instructions: | ess Relationship with a Sto Fill out this section only if the Relat and fill out Section III. | ionship is with a State Person | | |
|-------------------------|---|--------------------------------|---------------------------|--------------------|
| State Person | Last Name: HERMAN | State Per | son First Name: SANDFO | RD |
| Agency or L | egislative Body of Employment: S | UNY DOWNSTATE | | |
| Public Office | e Address: 450 CLARKSON AVENUE | | | 8 |
| City: BROOKL | LYN | State: NY | State: NY ZIP code: 11203 | |
| Phone: (718) | 270-1000 | | | |
| Description | of Business Relationship(s):SPEAKE | R AT COMPANY SPONSORED | PROGRAMS | |
| | | | | |
| | | | | |
| | | | | |
| Compensat | tion (Actual or Anticipated): | \$ 1,850 | .00 | |
| Expenses (A | actual or Anticipated): | \$ 151 | .00 | |
| Total Comp | ensation and Expenses (Actual o | r Anticipated): | \$2,001 | .00 |
| | | | | |
| Beginning d | late of Business Relationship (Actu | ual or Anticipated): | Month: JANUARY | Year: 2017 |
| End date of | f Business Relationship (Actual or A | Anticipated) if applicable | e: Month: MARCH | Year: 2013 |
| | | | | |
| Check here | e if using addendum sheet for add | ditional State Person(s): | × | |
| One ex nere | . Il osing addendon sheet of day | | <u> </u> | |
| V Declar | ration | | | |
| This Declara | tion must be signed by the Chief | Administrative Officer. If | the Chief Administrativ | e Officer, for any |
| reason, doe | s not sign, he/she must duly desig | gnate another person to s | sign this Declaration.) (| see instructions.) |
| I declare | under penalty of perjury th | at the information co | ntained in this repo | ort is true, |
| correct, a | nd complete to the best of | my knowledge and | belief. | |
| X SIGNAT | TURE: MANUELLE LE | MMM DATE: | 4/1/19 | |
| | | | | |
| PRINT N | NAME: LAST KIRBY | FIRST JACQ | UELINE P. | |

esignated Addendum Sheet for Sections III and IV

rlease use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

| V Business R | elationship | with a | State | Person |
|--------------|-------------|--------|-------|--------|

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: SETHI

State Person First Name:SANJAY

Agency or Legislative Body of Employment: SUNY BUFFALO

Public Office Address: 3495 BAILEY AVENUE

City: BUFFALO

State: NY

ZIP code: 14215

Phone: (716)834-9200

Description of Business Relationship(s): SPEAKER AT COMPANY SPONSORED PROGRAMS

Compensation (Actual or Anticipated):

\$ 13,900

.00

Expenses (Actual or Anticipated):

\$ 2,751

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 16,651

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: JANUARY

Year: 2007

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: MARCH

Year: 2013