



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?
 New Registration Change to Profile Renewal
 To which fiscal year does this form apply? 20 _____

LOBBYIST:
 Last Name: Bariley First Name: Ashley Middle: M
 Mailing Address: 2634 2nd Ave N, St. Pet, FL 33713
 Email Address: ashley.bariley@x4pharma.com
 Office Number: _____ Cell Number: (614) 619-0542

Lobbying Firm on behalf of which lobbyist is representing principal (if any)
X4 Pharmaceuticals
 Lobbying Firm's Mailing Address: 61 N Beacon St Suite 4, Boston, Mass
 Telephone Number: (857) 529-8300 02134

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?
 No Yes. State with whom and explain: _____

Have you ever been an employee of Broward Health? No Yes.
 Title: _____ Date of Employment: _____ Date of Separation: _____
 Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?
 No Yes.
 Date of Service: _____ Date of Separation: _____

OATH

I do solemnly swear that all the foregoing facts are true and correct.

A. Bariley
 Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 X4 Pharmaceuticals
 Principal Name: _____
 Principal Mailing Address: 61 N Beacon St, Suite 4 Boston, MA
02134
 Principal Telephone Number: 857-529-8300
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2 N/A
 Principal Name: _____
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #3 N/A
 Principal Name: _____
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

STATE OF FLORIDA Pinellas
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this 22 day of July 2021 by Ashley M Bariley

Joseph E Garcia
 (Signature of Notary Public—State of Florida)
Joseph E Garcia
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification
 Type of Identification Produced: FL Driver's License



Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

X4 Pharmaceuticals

Principal Name

hereby authorizes

Ashley Bailey

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Stephen Mussoline

Signature of Principal or Principal's Representative

Stephen Mussoline

Print Principal Name / Principal's Representative

Region Business Director

Print Title of Principal / Principal's Representative

07/22/2024

Date

Attach this authorization to your registration form.